

# AMERUS Life Insurance Group

AmerUs Life Insurance Company • 800/800-9882  
P.O. Box 1555 • Des Moines, Iowa 50306-1555  
 Indianapolis Life Insurance Company • 800/428-7031  
P.O. Box 14590 • Des Moines, IA 50306-3590

## Change of Name / Address Form

Please check appropriate company. ONE BOX MUST BE CHECKED.

**CHECK APPROPRIATE SECTION(S)** (Please print or type all information *except* signatures. Please use black ink.)

### SECTION 1:

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Insured/Annuitant: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_ Telephone No. of Owner: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

### SECTION 2:

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**NAME CHANGE** - For name changes due to marriage attach a copy of the marriage certificate. For all other name changes, attach a copy of the court order.

Change the name of:  Insured/Annuitant  Owner  Payor  Other (Specify) \_\_\_\_\_

For Reason of:  Marriage  Divorce  Court Order  Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
Signature (Former Name)

\_\_\_\_\_  
Print (Present Name)

\_\_\_\_\_  
Signature (Present Name)

### SECTION 3:

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**ADDRESS CHANGE**

Change Address for:  Insured/Annuitant  Owner  Payor  Other (Specify) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone No.: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

### SECTION 4:

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I ACKNOWLEDGE THAT this request is subject to the provisions and conditions of the policy and the Company may request additional information or impose additional requirements.

Signature of Owner (Title of Officer if Corporation or Trustee, if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

1. Owner must sign. If Owner is a corporation, an officer (other than the Insured) must sign. If Owner is a trust, the trustee must sign as "trustee".

