

**LIFE INSURANCE COMPANY OF ALABAMA
PO BOX 349
GADSDEN, AL 35902**

Policy No. _____

NAME CHANGE FORM

Change *INSURED*'s Name to: _____

Change *OWNER*'s Name to: _____

Change *PAYOR*'s Name to: _____

Reason for Change: _____

OWNER: DATE WITNESS (Non-Related)

Home Office Use

The above name changes have been recorded.

Date Secretary