

Change name/signature of (check one):  Insured  Owner

**Insured's Name:** \_\_\_\_\_ **Policy No.:** \_\_\_\_\_

Owner's Name
Address (if this is a new address please mark the box <input type="checkbox"/> )

<p>The recorded change of name/signature form will be mailed to the address shown at the left, unless otherwise indicated below and initialed by the Owner.</p> <p><i>Return Owner's Copy to:</i> _____ <i>Owner's Initials</i></p> <p><i>Producer ID (Solicitor)</i> _____</p> <p><i>Fax to:</i> (    ) _____</p>
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Check if new address update is needed.

FROM (*former name*) \_\_\_\_\_ Type or Print

TO (*new name*) \_\_\_\_\_ Type or Print

**For Individual Name/Signature Change Only**

NRIC/SSN/Passport No.

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(Include all Hyphens)

\_\_\_\_\_  
Signature using former name

\_\_\_\_\_  
Signature using new name

\_\_\_\_\_  
Signature of Owner, if other than above

Owner's email address (optional):  
\_\_\_\_\_

\_\_\_\_\_  
Witness to former and new names/signatures

\_\_\_\_\_  
Address

Date: \_\_\_\_\_

**Corporate Or Partnership Name Change Only**

Entity ID

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(Include all Hyphens)

CORPORATIONS: submit certified copy of official document issued by official authority.

\_\_\_\_\_  
New corporate name

By \_\_\_\_\_  
Officer and Title

NOTE: If a new partnership has been formed, complete Assignment to Transfer Ownership form.

\_\_\_\_\_  
New partnership name

By \_\_\_\_\_  
Partner

By \_\_\_\_\_  
Partner

Date: \_\_\_\_\_



A duplicate of this request has been filed at the Company's Branch Office and entered on its records.	
Date recorded: _____	By: _____