



Trinity Life Insurance Company

ADMINISTRATIVE OFFICE
PO BOX 5205 • FRANKFORT, KY 40602-5205
Phone: (866) 440-1357 • Fax: (502) 875-7084

REQUEST FOR CHANGE IN NAME

Policy Number:

Four boxes for Policy Number 1, 2, 3, and 4.

Insured's Full Name:

Line for Insured's Full Name

CHANGE NAME OF:

REASON FOR CHANGE:

- Insured
Beneficiary
Owner

- Marriage
Divorce
Correction
Court Order
(Copy of Court Order Required)

CHANGE NAME TO:

Line for CHANGE NAME TO

Date:

X Owner's Name (printed)

X Owner's Signature (Always Required)

Owner's email address

Owner-Day time phone: Home Cell Work

X Co-Owner's Name (printed)

X Co-Owner's Signature (Required if Co-Owner exists)

Co-Owner's email address

Co-Owner-Day time phone: Home Cell Work