

AMERICAN FAMILY LIFE INSURANCE COMPANY
 6000 AMERICAN PKWY
 MADISON, WI 53783-0001
 1-800-MY AMFAM (1-800-692-6326)

NAME CHANGE – ALL LIFE INSURANCE POLICIES/ANNUITY CONTRACTS

SECTION 1. GENERAL INFORMATION.				
Policy/Contract Number(s)				
Primary Insured/Annuitant's Name (first)	(mi)	(last)	(suffix)	Social Security No.
SECTION 2. WHOSE NAME IS CHANGING? (Check all applicable boxes)				
<input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Payer <input type="checkbox"/> Beneficiary <input type="checkbox"/> Annuitant				
Original Name				
(first)	(mi)	(last)	(suffix)	
New Name				
(first)	(mi)	(last)	(suffix)	
Current Address (of the person whose name has changed)				
Street Address				
City/Town			State	Zip
Mailing Address (if different from street address)				
City/Town			State	Zip
SECTION 3. REASON FOR AND DATE OF CHANGE.				
<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Adoption* <input type="checkbox"/> Court Order* <input type="checkbox"/> Other* (provide reason) _____				
Date of Change _____				
*Please attach a certified copy of the court order.				

Read the Agreement, sign and date on page 2.

SECTION 4. AGREEMENT. (Read completely before signing)

The undersigned understand and agree that the Company is requested and authorized to take the action specified on this form. Any request is subject to the conditions and provisions of the policy/contract and the current rules and practices of the Company. Any assignment of the policy/contract on record with the Company remains in force.

SECTION 5. SIGNATURES.

Counterparts - This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.

<p>Owner's Signature</p> <p>Signature _____</p> <p>If the owner is an entity, provide business/trust/organization name and officer/trustee's title below.</p> <p>Name of Business/Trust/Organization (if applicable) _____</p> <p>Officer/Trustee's Title (if applicable) _____</p>	<p>Date</p>
--	-------------