



ANNUITY APPLICATION FOR CHANGE OF NAME

Please complete ALL information requested.

I authorize a change of name for contract number _____ on _____
Annuitant

Owned by _____ This request should be accompanied by a photocopy of official documentation for the name change: Marriage Certificate, Divorce Decree, Adoption Certificate, Social Security Card, Driver's License, Naturalization Verification, Court Order, or other documentation determined acceptable by Atlantic Coast Life Insurance Company.

This is to certify the change of name for (check one)
Annuitant Joint Annuitant
Owner Joint Owner

By reason of (check one) Divorce
 Marriage
 Other _____

Please print new complete legal name - e.g. Jane Mary Smith not Mrs. John J. Smith.

The following statement is required by the IRS: **UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT SOCIAL SECURITY OR TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACK-UP WITHHOLDING.**

This form dated at _____ on the _____ day of _____, 20 _____
City / State

_____ Owner's Current Signature	_____ Owner's Social Security or Taxpayer ID Number	_____ Owner's Telephone Number
_____ Joint Owner's Signature	_____ Joint Owner's Social Security or Taxpayer ID Number	_____ Joint Owner's Telephone Number
_____ Witness' Signature*	_____ Telephone Number of Witness	_____ Owner's Email Address (If available)

***The owner's signature must be witnessed by an adult.**

After we have recorded the change, an acknowledged copy will be sent to you to be kept with your contract.

For Home Office Use

Recorded By _____ Date _____