

NAME AND ADDRESS CHANGE FORM



Insured Name: _____
Insurance Account Number: _____
Group Policy Number: _____
Group Policyholder: _____ Collegiate Alumni Trust or Collegiate Alumni Trust II

Name Change. *Note: This is not intended as a Change of Ownership, only a name change of the insured owner.*

☐ For the account listed above, please change the name of the insured owner

From: _____ To: _____
Print Full Name *Print Full Name*

Reason for change (check one): ☐ Marriage ☐ Court Order ☐ Other, explain _____
A copy of a marriage certificate, divorce decree, or other court or official document i.e., drivers license, must be enclosed.

Insured/Owner Signature X _____ Date _____

Address, Telephone Number and/or Email Address Change.

Note: We will send all premium notices and correspondence to this new address.

☐ For the account listed above, please change the mailing address, telephone number, and/or email address for the insured to:

New Address: _____

New Day Telephone No.: _____

New Evening Telephone No.: _____

New Cell Phone No.: _____

New Email Address: _____

Insured/Owner Signature X _____ Date _____

You may send this to us via fax or mail. If you have any questions, please call us.

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