



CHANGE OF LEGAL NAME

NOTE: Before completing this form see the instructions attached.

Name of Owner: _____

Name of Insured (if different than Owner): _____

Certificate Number: _____ **Impact Team/Court:** _____ **Roster:** _____

Is this request to change the legal name of the: Owner Insured

Previous Name on Certificate: _____

Reason for Change of Legal Name: _____
(marriage, divorce, adoption, correction, other... etc)

New Legal Name

First Name: _____ Middle Name: _____ Last Name: _____

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Primary Telephone No: _____ Cell Other Alternate Phone No: _____ Cell Other

Email: _____ SSN / TIN: _____ DOB (MM/DD/YYYY): _____

Relationship to Owner/Insured: _____

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature of Owner: _____ Date: _____

Signature of Insured if not Owner: _____ Date: _____

Please include legible photocopies of all required documents when submitting this form.

INSTRUCTIONS

- 1) The Owner of the Certificate must sign this request.
- 2) Please send with the Change of Legal Name form:
 - a) Official documentation is required to support the request.
For example: A current Federal/State ID that reflects the current legal name.
Photocopies are acceptable.
 - AND**
 - b) Official documentation that substantiates the name change.
For example: A marriage certificate, divorce decree, or other court documents etc.
Photocopies are acceptable.
- 3) Upon acknowledgment by the Home Office, the Certificate will be updated accordingly.
- 4) The use of this form does NOT affect the beneficiary designation.
To change a beneficiary, the Owner must complete and submit a notarized Change of Beneficiary form.