

CHANGE OF NAME CERTIFICATE

(Please complete and then mail ORIGINAL to LALIS, PO Box 2968, Dublin, CA 94568)



PLEASE LIST POLICY(S) TO BE CHANGED

I am the Insured and holder of a Luso-American Life Insurance Society Policy No.

No. _____ No. _____ No. _____

No. _____ No. _____ No. _____

Issued to me under the name of _____

I do hereby certify that my name has been officially changed to:

(please print changed name)

And request Luso-American Life Insurance Society to change my name on their records.

PLEASE CHECK ONE BOX BELOW.

Name Change by Marriage

Name Changed by Court Order

Name Changed by Other (specify)

SIGNATURES

This Certificate is made for the purpose of changing my name on the records of Luso-American Life Insurance Society, and all statements herein made are warranted to be true and correct.

Print New Name of Insured

Date

New Signature of Insured

Date

Print Witness Name of Insured

Date

Witness Signature of Insured

Date