

# Change of Name/Mailing Address/ Telephone Number Request Form

Policy Number \_\_\_\_\_ / \_\_\_\_\_ (Suffix) Sales Office & FRN \_\_\_\_\_

**Additional Policy Numbers To Be Updated (if applicable)**

Number \_\_\_\_\_ Suffix \_\_\_\_\_ Number \_\_\_\_\_ Suffix \_\_\_\_\_  
Number \_\_\_\_\_ Suffix \_\_\_\_\_ Number \_\_\_\_\_ Suffix \_\_\_\_\_

**Policyowner's Name** \_\_\_\_\_  
(Please Print) First M.I. Last

**Address** \_\_\_\_\_ **Telephone #** \_\_\_\_\_  
\_\_\_\_\_

**Insured's Name** \_\_\_\_\_ **Date Prepared** \_\_\_\_\_  
(If different from above)

**REQUEST FOR CHANGE OF NAME**  
(This request is not to be used for designation of a new beneficiary, owner or contingent payee.)

Notification is given to Metropolitan that the name of the:

insured  owner  beneficiary  contingent beneficiary  contingent owner

has been changed for the reason indicated below:

- Marriage
- Divorce
- Court Order
- Adoption
- Assumption of new name
- Name given formerly is incorrect
- Other \_\_\_\_\_

The former name was (Print) \_\_\_\_\_

The present name is (Print) \_\_\_\_\_

**REQUEST FOR CHANGES OF MAILING ADDRESS/TELEPHONE NUMBER**

- policyowner's address to which correspondence and payments are to be mailed, or
- premium payer's name and address to which future premium notices are to be mailed.

Name \_\_\_\_\_ Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_ \_\_\_\_\_  
Signature (See Instructions) (Witness) (Date)

## **INSTRUCTIONS FOR COMPLETION OF CHANGE OF NAME/MAILING ADDRESS/ TELEPHONE NUMBER REQUEST FORM**

### **CHANGE OF NAME**

**This section is not to be used under any circumstances to attempt to change the owner, the beneficiary, contingent beneficiary, or contingent payee. Any attempt to do so will be invalid.**

In the space provided, indicate the policy relationship of the individual whose name is to be changed (e.g. insured, policyowner, etc.) and write in the reason for the change (e.g. name changed due to marriage, correction, etc.) Then indicate the name as it currently appears in "Former name" and as it should appear under "Present name."

Be sure to enter the numbers of any other Metropolitan policy(ies) whose records should be changed with this request in the space beneath the *Request for Changes of Mailing Address/Telephone Number*.

If the name of the insured is being changed, your prospecting file should also be updated.

Refer to SONIC help screens for endorsement procedures if requested by the policyowner. A detachable Policy Receipt is provided at the bottom of the previous page.

The form must be signed by the policyowner.

### **MAILING ADDRESS/CHANGE OF ADDRESS/TELEPHONE NUMBER**

This section may be used to change the address of the policyowner or the name and address of the party paying the premiums, if not the same person. If more than one policy is involved, enter all affected numbers beneath this section.

Update your prospecting file and advise the representative accordingly.

There is no signature requirement for this request.