

## CHANGE OF NAME

Policy Number

Life Insured

I/We hereby certify that

**Print Former Name**

is one and the same as

**Print New Name** – Do not use husband's give names

### REASON FOR CHANGE – PLEASE CHECK APPROPRIATE REASON:

- ☐ Marriage On the \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_ in the Province of \_\_\_\_\_ I was married to \_\_\_\_\_.
- ☐ Separation The former was my married surname and I am now using my maiden name
- ☐ Divorce On the \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_ in the Province of \_\_\_\_\_ I was divorced from \_\_\_\_\_.
- ☐ Legal Change Please attach a copy of the Court Order or Adoption Order authorising the change. For a change of a corporate name, attach a copy of the official Approval document issued by Provincial Authority.
- ☐ Correction of Mistake The former name was shown incorrectly in previous policy documents because of misspelling, omission or other clerical error.
- ☐ "Known As" Name My legal name is \_\_\_\_\_ but I wish to be known as the new name shown above.
- ☐ Admission of Age This statement is only submitted to confirm my maiden surname. My current name is shown correctly on the policy records.
- ☐ Other Please explain fully: (Continue on the reverse side, if necessary).

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_  
City Province Day Month

FORMER SIGNATURE ( )

NEW SIGNATURE ( )

NEW ADDRESS – Please complete only if the address of the POLICYOWNER is changed.

Street Address

City

Province

Postal Code