



**DEGREE of HONOR**  
*A division of Catholic Financial Life*

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## Change of Name (Insured and/or Owner)

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**IRS Form W-9 also required to change name  
(Attached)**

**Insured:** \_\_\_\_\_ **Owner (if other than insured):** \_\_\_\_\_

**Certificate Number(s):** \_\_\_\_\_

**New Name:** \_\_\_\_\_ ☐ Owner ☐ Insured

**Reason:** ☐ Marriage ☐ Divorce ☐ Other (attach copy of legal order)

### SIGNATURE FOR NAME CHANGE

I hereby make the name change specified above. To the best of my knowledge there has been no assignment, or legal action taken/pending that would prevent me from making such change.

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner's Social Security No.:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Signature of Insured:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

#### Contact & Mailing Information

Degree of Honor, P.O. Box 3211, Milwaukee, WI 53201-3211

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