



Christian Fidelity Life Insurance Company ©
 575 D'Onofrio Drive, Suite 100, Madison, WI 53719 • (877) 469-3073

Return completed form to the address above.

NAME CHANGE FORM

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form.

POLICY NUMBER(S)			
OWNER'S NAME		OWNER'S SOCIAL SECURITY NUMBER	
JOINT OWNER'S NAME		JOINT OWNER'S SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP	<input type="checkbox"/> CHECK THIS BOX TO REQUEST A CHANGE OF ADDRESS
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)			TELEPHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS

Name change of: <input type="checkbox"/> Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Insured/Annuitant <input type="checkbox"/> Payor <input type="checkbox"/> Other _____	
Reason for change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other (please explain): _____ If change is due to marriage, please provide a copy of your marriage certificate. For all other name changes, please provide appropriate legal supporting documentation (e.g., divorce decree or court order).	
PRINT PREVIOUS NAME	PREVIOUS NAME SIGNATURE
PRINT NEW NAME	NEW NAME SIGNATURE

Signature – Owner _____ Date _____ Signature – Joint Owner (if applicable) _____ Date _____

Trustee or Officer Title: _____ Trustee or Officer Title: _____

If you are signing on behalf of the owner, print your name and sign below and check the box that describes the capacity in which you are signing.

Conservator Guardian Power of Attorney

Signature: _____

Print Name: _____

INSTRUCTIONS

Signature Requirements

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

Trust – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Trustee Certification and Indemnification form must be on file before a withdrawal can be processed. Check the “Trustee” box below the owner signature line.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy of the guardianship/conservator papers if not previously submitted.

Power of Attorney – Provide a copy of the power of attorney (if not previously provided), and complete and submit a Certification of Power of Attorney form. An updated Certification of Power of Attorney form is required every 12 months.

Corporation – Check the “Officer Title” box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer’s signing authority.

Christian Fidelity Life Insurance Company	
Regular or Overnight Mail	2721 North Central Avenue, Phoenix, AZ 85004
Fax	(877) 584-2777
Email	OxfordPHS@oxfordlife.com
Policyholder Services	(866) 641-9999
Website	www.cflic.com