

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: Owner Joint Owner Insured/Annuitant Payor Other _____

Reason for change: Marriage Divorce 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.

Oxford Life Mailing Address and Contact Information

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