



CHANGE OF NAME ENDORSEMENT

1116 West Riverside Avenue, P.O. Box 1445, Spokane, WA 99210
509-838-4235 800-541-5858 www.nclife.com

Policy No. _____ Insured _____ Owner _____

The name of the Insured has been changed

From _____ To _____

Reason for change: [] Marriage [] Divorce [] Court Order [] Correction [] Adoption
(If reason is Court Order or Adoption, attach copy of legal evidence.)

I direct that any amendment of the policy requested above be effected by return of a copy of this request with the
Company's acknowledgment. I agree that the Company may waive any policy provision requiring presentation of
the policy for endorsement, but may require such presentation if desired.

Dated at _____ this _____ day of _____, 20 _____

Signature of Witness

Signature of Insured

Signature of Witness

Signature of Owner

FOR HOME OFFICE USE ONLY

ACKNOWLEDGMENT OF REQUEST FOR CHANGE PLEASE ATTACH TO POLICY
North Coast Life Insurance Company has recorded the Change requested and retained the original of the request.

Date Accepted

Secretary