



APPLICATION FOR CHANGE OF NAME

PLEASE PRINT

Polish National Alliance
6100 N. Cicero Ave., Chicago, IL 60646-4386

Phone 1-800-621-3723

STEP 1

CHANGE OF NAME *(To be completed if your name has been changed)*
CHANGE OR CORRECT NAME OF INSURED:

FROM _____

TO _____

Reason for change: _____

STEP 2

POLICY NUMBER: _____

SIGNATURE OF INSURED OR OWNER OF POLICY _____

(IF UNDER 16, APPLICANT'S/OWNER SIGNATURE)

SOCIAL SECURITY NO. - - DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NOTICE TO ALL PARTIES COMPLETING THIS FORM: It is fraudulent to fill out this form with information you know to be false or knowingly omit important facts. Criminal and/or Civil Penalties may result from such acts.

INSTRUCTION FOR CHANGE OF NAME:

1. Print your name as listed on your policy and the name as you want it listed now.
2. Reason for change – state the reason, for example – marriage, court decree, etc...
3. Give the information requested and sign on the line as on the original policy.
4. Mail the completed, dated and signed form to the Polish National Alliance at:

Polish National Alliance
6100 N. Cicero Ave.
Chicago, IL 60646-4386

FOR POLISH NATIONAL ALLIANCE USE ONLY

This request is accepted on _____ By _____

MONTH DAY YEAR

On behalf of Polish National Alliance

REMARKS _____
