AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

Home Office: Dallas, Texas • Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288

NAME CHANGE REQUEST

Company Name: _____

Policy Number: _____

Insured: _____

Policy Owner: _____

If either the name of the owner or the insured has changed, please forward a copy of the documentation showing that name change. Such documentation would include a marriage certificate or license, a divorce decree, or other government record. This will allow us to verify the name change for our records. Once we have received this material and updated your file, we will send you confirmation of the change.

_____ _____

Signature of Owner Date

If you have further questions, please do not hesitate to contact our Customer Service Department at the toll-free number found on this website.