

CHANGE OF NAME

Please print clearly.

Throughout this form, "Empire Life" means The Empire Life Insurance Company and "Owner" will mean Beneficial Owner for Nominee/Intermediary held Contracts.

Use this form to change the name of an existing Owner, Life/Person Insured, Annuitant, Successor Owner or Subrogated Policyholder (in Quebec) or Beneficiary.

Policy/Contract Number(s)	Name of Life/Person Insured(s) (Life & Health Policies) /Annuitant (Investment Plans)	Owner(s)

Change the name of the:	
<input type="radio"/> Owner <input type="radio"/> Annuitant	<input type="radio"/> Successor Owner or Subrogated Policyholder (in Quebec) <input type="radio"/> Beneficiary
<input type="radio"/> Life/Person Insured	
From:	To:
Effective date of change (dd/mmm/yy)	

Reason for change:			
<input type="radio"/> Marriage	<input type="radio"/> Divorce	<input type="radio"/> Adoption	<input type="radio"/> Other* (please indicate reason below)
<p>* Submit appropriate legal documents if name has changed for reasons other than marriage, divorce or adoption. If a company name has changed submit an Amendment to the Articles of Incorporation for Ontario and Quebec or Supplementary Letters Patent for all other provinces.</p>			

Signatures	
Signature of Life/Person Insured/Annuitant (only required if Life/Person Insured/Annuitant is different than Owner) X	
Signature of Owner(s) (if not Life/Person Insured or Annuitant)	
Signature of Owner (or first authorized signature for Corporate Owner) X	Print name of Owner and title (if signing for corporation)
Signature of Joint Owner (or second authorized signature for Corporate Owner) X	Print name of Joint Owner and title (if signing for corporation)
Signed at (City and Province)	Date (dd/mmm/yy)

RESERVED FOR HEAD OFFICE USE	
Recorded only in the files of The Empire Life Insurance Company. Empire Life expresses no opinion on the validity of the requested change.	
_____	_____
Signature	Date (dd/mmm/yy)