

# INSURANCE CLIENT NAME-CHANGE NOTICE

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Insurance Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please be advised that the following client has had a change of name:**

Current Name on Account \_\_\_\_\_

Account no. \_\_\_\_\_

Memo (optional) \_\_\_\_\_

**Please change the current name on the account to reflect the information below:**

New Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This also reflects a change of address (check if applicable)

I would like to receive a "change of beneficiary" form (check if applicable)

I authorize the above-referenced record change. If there are any additional forms to fill out, please send them to me at the above address. If there are any questions regarding this change, please call me at telephone number \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Enclosure: Photocopied Certificate of Marriage**