



NAME CHANGE FORM

Life insured(s) or annuitant(s):		Policyowner(s):	
Policy #:	Policy #:	Policy #:	Policy #:

1. CHANGE OF NAME (to be used for change to legal name only)

New name:	Previous name:
<input type="checkbox"/> Policyowner <input type="checkbox"/> Life insured/annuitant <input type="checkbox"/> Assignee (individual person) <input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent beneficiary <input type="checkbox"/> Payor	
Reason for change of name: <input type="checkbox"/> Marriage (specify date): _____ <input type="checkbox"/> Divorce (a copy of government issued Photo I.D. showing the name change, eg. Driver's License, Passport) <input type="checkbox"/> Other (attach notarized copies of legal documents)	

2. SIGNATURES

I certify that the information provided on this form is current, correct and complete. I will notify Equitable Life within 30 days of any change to my tax residency, US citizenship status or tax identification numbers.

Signed at _____ (city) _____ (province) this _____ (day) of _____ (month) _____ (year)

Name Change - Required Signatures:

Signature of policyowner	Signature of additional policyowner
Signature of person with change of name (if different from the policyowner)	Signature of advisor or witness

3. INSTRUCTIONS FOR NAME CHANGES

1. Please ensure all information is printed clearly and legibly on the form.
2. This form may be used to make identical changes to more than one policy, if the insured/annuitant(s) and owner(s) are the same for each policy.
3. If the insured is a minor, the form has to be signed by a parent or guardian.
4. Signature requirements: when the form is completed by a:
 - corporation: the full name of the corporation must be printed with authorized person(s) signature and title mentioned.
 - partnership or firm: the full name of the partnership or firm must be printed with signatures of all partners.
 - sole proprietorship: the sole proprietor must sign the form with sole proprietor written beside the signature.
5. The policy owner(s) must initial any changes made to the form.
6. Due to the recent change(s) to your policy, you may be required to update your Client Access to reflect the changes.

This form has been prepared for the convenience of the policyowner. The Company does not assume responsibility for its validity or sufficiency.

Please note: Equitable Life® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable Life is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.668.4095.