



NAME CHANGE FORM

Life insured(s) or annuitant(s):	Policy/Contract owner(s):
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Policy/Contract #:	Policy/Contract #:	Policy/Contract #:
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1. CHANGE OF NAME (to be used for change to legal name only)

New name:	Previous name:
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Email:	Home Address:
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Policy/Contract owner
 Life insured/annuitant
 Assignee (individual person)
 Beneficiary
 Contingent beneficiary
 Payor

Reason for change of name:

Marriage (specify date): _____
 Divorce (a copy of government issued Photo I.D. showing the name change, eg. Driver's License, Passport)

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® within 30 days of any change to my tax residency, U.S. citizenship status or tax identification numbers.

I authorize Equitable to access my Client Access profile and apply any name changes to the policy/contract owner as applicable.

Signed at _____ this _____ of _____

_____ (city) _____ (province) _____ (day) _____ (month) _____ (year)

Name Change – Required Signatures:

_____ Signature of policy/contract owner	_____ Signature of additional policy/contract owner
_____ Signature of person with change of name (if different from the policy/contract owner)	_____ Name of Advisor/Witness
	_____ Signature of Advisor/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/contract, 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/contract owner(s) must initial any changes made to the form.

Please note: Equitable® 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 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.