Standard Life Insurance
Company of Indiana
10689 N. Pennsylvania, Indianapolis, IN 46280
(800) 222-3216

CHANGE OF NAME

I authorize a change of name for Contract Number _____

owned by _____.

This is to certify the change of name for: ☐ Insured (check one)
☐ Owner

By reason of: ☐ Divorce (check one)
☐ Marriage
☐ Other _____

Please print the complete legal name that should appear on the annuity contract *(e.g. Mary Jane Smith)*

_____

This form dated at _____ on the _____ day of _____, 20_____.
City/State

The owner's signature must be witnessed by an adult.

_____ _____
Owner's Signature Owner's Social Security Number

_____
Signature of Witness

After we have recorded the change, an acknowledged copy will be sent to you. We suggest you keep the copy with your records, as it will be made a permanent part of your contract.

For Home Office Use Only

Recorded by _____ Date _____