INDUSTRIAL ALLIANCE *PACIFIC*
INSURANCE AND FINANCIAL SERVICES™

IA AMERICAN™
LIFE INSURANCE COMPANY

IAP/IAA Service Center
Attn: Customer Service
P.O. Box 19009
Greenville, SC 29602-9009
Tel: (866)363-3290 Fax: (866)368-0095

Change of Name

Check One: **Please print using dark ink**

☐ IA American (IAA)
☐ Industrial Alliance Pacific Insurance and Financial Services Inc. (IAP)
(DBA in CA as Industrial-Alliance *Pacific* Life Insurance Company, United States Branch)
(DBA in OR as Industrial-Alliance *Pacific* Life insurance Company)

Name of Insured **Policy Number**

IAP or IAA is requested to indicate the following change of name on its records and is authorized to use the new name under the policy.

FROM — Former Name (Please Type or Print)

TO — New Name (Please Type or Print)

FOR INDIVIDUAL NAME CHANGE ONLY

Last 4 Digits of Social Security Number

Signature using former name

Signature using new name

Signature of Owner, if other than above

Address of Owner

Witness to former and new signatures
(Signature of unrelated adult)

Name of Witness *(Please Type or Print)*

CORPORATE OR PARTNERSHIP NAME CHANGE ONLY

Tax Account I.D. Number (Include All Hyphens)

CORPORATIONS: submit certified copy of official document issued by state authority.

New corporate name

By _____
Officer and Title

New partnership name

By _____
Partner

Signed at _____ on _____ 20_____
(City, State) *(Month, Day)* *(Year)*

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