



# SLOVENE NATIONAL BENEFIT SOCIETY

247 West Allegheny Road • Imperial, PA 15126-9774  
(724) 695-1100 • (800) 843-7675 • Fax (724) 695-1555  
e-mail: [snpj@snpj.com](mailto:snpj@snpj.com) • web site: [www.snpj.org](http://www.snpj.org)

## Change Name Authorization Form

(Please Print/Type)

Date \_\_\_\_\_ Lodge Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ Indicate all Policy/Annuity Numbers \_\_\_\_\_  
Full Name of Insured \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_

FROM: (Previous Name) \_\_\_\_\_ TO: (New Name) \_\_\_\_\_

Reason for Change: MARRIAGE DIVORCE LEGAL Other (Explain:) \_\_\_\_\_

*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.*

### ***Date and signature required***

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

x \_\_\_\_\_  
Signature of Insured/Owner (please circle one)