

J. J. STANIS and COMPANY, INC.

100 Jericho Quadrangle • Suite 101
Jericho • New York 11753

REQUEST FOR CHANGE OF NAME
(Please Print All Information)

Phone: (516) 465-3900
Fax: (516) 465-3920

POLICY HOLDER: _____ OCCUPATION: _____

INSURED NAME: (LAST) _____ (FIRST) _____

HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH: _____ SEX: MALE FEMALE

SOCIAL SECURITY NUMBER: _____

My name has been changed by reason of _____ (EFFECTIVE DATE)
(MARRIAGE OR COURT ORDER)

From _____

To _____
Please change your records accordingly.

Date _____ (WRITTEN SIGNATURE OF INSURED)