

Instructions for Completing Name Change Affidavit

The Name Change Affidavit may be used to change the name of the owner, insured or beneficiary on your State Mutual policy. Please check the appropriate box(es) and complete and sign the Affidavit. **Your signature must be witnessed by a disinterested party.**

Be sure to attach legal documentation as evidence of this change. Changes cannot be completed without a copy of one of the following legal documents for verification purposes: marriage certificate, divorce decree, driver's license, Social Security card, court order or Federal Identification card.

When a properly completed form is received, we will update our records and send a letter acknowledging the change. We cannot accept faxed forms.

STATE MUTUAL INSURANCE COMPANY

P O BOX 11864
WINSTON SALEM, NC 27116
OFFICE: 1-833-508-0404 (TOLL-FREE)
FAX: 1-336-759-3141

NAME CHANGE AFFIDAVIT

Policy #

Insured:

Owner:

I, _____ hereby request my name on record for the above referenced policy be changed as follows:

<input type="checkbox"/> Insured	<input type="checkbox"/> Owner	<input type="checkbox"/> Beneficiary	Reason for name change:
			<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Correction (Please attach a copy of the legal document)
			<input type="checkbox"/> Other (Please attach certified copy of court order)
From: _____ Please Print Name (First, Middle, Last)	Former Signature: _____		
To: _____ Please Print Name (First, Middle, Last)	Present Signature: _____		

Date Signed

Signature of Owner

Printed Name of Owner

Signature of Witness - An Unrelated Adult Person with no Interest in the Policy

Witness' Name Printed

IMPORTANT: DO NOT use correction fluid on this form. If you have made an error, mark through it and initial your change.

Home Office Use:	
_____	_____
Date Processed	Authorized Signature