



ASSURANT
Solutions®

P.O. Box 2730
Rapid City, SD 57709-2730

Name Change Request

Insured Name: _____

Owner Name: _____

Policy Number: _____

This change will not transfer ownership rights or benefits.

Name change for (check one): ☐ Insured ☐ Policy Owner

Former Name (please print) _____

New Name (please print) _____

Reason for change (required) _____

A copy of legal documentation is required, i.e. marriage license, divorce decree, driver's license, etc. If a power of attorney or guardian signs this form, please also provide a copy of the power of attorney or guardianship documentation.

Signatures

Owner Signature _____ Date _____

Soc. Sec. No. _____ Telephone No. _____

Witness Signature _____ Date _____

For faster processing you may fax this form to our office at 1-605-719-0601.