



# APPLICATION FOR CHANGE OF NAME

PLEASE PRINT

Polish National Alliance  
6100 N. Cicero Ave., Chicago, IL 60646-4386

Phone 1-800-621-3723

**STEP 1**

CHANGE OF NAME (To be completed if your name has been changed)  
CHANGE OR CORRECT NAME OF INSURED:

FROM \_\_\_\_\_

TO \_\_\_\_\_

Reason for change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STEP 2**

POLICY NUMBER: \_\_\_\_\_

SIGNATURE OF INSURED OR OWNER OF POLICY \_\_\_\_\_  
(IF UNDER 16, APPLICANT'S/OWNER SIGNATURE)

SOCIAL SECURITY NO.    -   -     DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**NOTICE TO ALL PARTIES COMPLETING THIS FORM:** It is fraudulent to fill out this form with information you know to be false or knowingly omit important facts. Criminal and/or Civil Penalties may result from such acts.

### INSTRUCTION FOR CHANGE OF NAME:

1. Print your name as listed on your policy and the name as you want it listed now.
2. Reason for change – state the reason, for example – marriage, court decree, etc...
3. Give the information requested and sign on the line as on the original policy.
4. Mail the completed, dated and signed form to the Polish National Alliance at:

Polish National Alliance  
6100 N. Cicero Ave.  
Chicago, IL 60646-4386

### FOR POLISH NATIONAL ALLIANCE USE ONLY

This request is accepted on \_\_\_\_\_ By \_\_\_\_\_  
MONTH DAY YEAR

On behalf of Polish National Alliance

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: THIS FORM MUST BE FILED IN DUPLICATE  
Return Both Copies: Once accepted by the PNA you will be mailed a copy for your records