



## CHANGE OF NAME

Policy Number	Name of Life Insured or Annuitant
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I/We hereby certify that \_\_\_\_\_  
Print Former Name

is one and the same as \_\_\_\_\_  
Print New Name

and the undersigned request that this change be noted on the records for the above policy.

### Reason for Change of Name:

- Marriage
- Divorce (attach a copy of pertinent pages from the divorce decree regarding the name change)
- Correcting Error (explain below and attach a copy of driver's license or passport)
- Other (please specify the reason(s) for the change and provide copies of legal documents pertaining to the change)

For legal changes, attach a copy of the Court Order or Adoption Order authorizing the change. This form should be signed by the person whose name is being changed. If the name of a minor child is being changed, the form should be signed by the Policy Owner.

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

_____ FORMER Signature	_____ Witness
_____ NEW Signature	_____ Witness

## ADDRESSES

### Individual Life:

The Canada Life Assurance Company  
 PO Box 2305  
 Buffalo, NY 14240-2305

Crown Life Insurance Company  
 PO Box 1927  
 Buffalo, NY 14240-1927

Great-West Life & Annuity Insurance Company  
 PO Box 85056  
 Lincoln, NE 68501-5056

### Fixed Annuities:

The Canada Life Assurance Company  
 PO Box 989  
 Buffalo, NY 14240-0989

Crown Life Insurance Company  
 PO Box 1927  
 Buffalo, NY 14240-1927

Great-West Life & Annuity Insurance Company  
 PO Box 1700  
 Denver, CO 80201-9952