



# Request to Change Name of Insured

This form may be returned to WSA as follows:  
Email - info@wsalife.com / Fax - 303-451-5112 / Mail - PO Box 351920, Westminster, CO 80035-1920

Insured's Name (as currently listed on WSA's records):

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Insurance Certificate #: \_\_\_\_\_

Please change my name as listed on WSA's records to:

\_\_\_\_\_  
*(print legibly)*

Reason for change:

- Marriage**
- Divorce**
- Court Order**
- Other:** \_\_\_\_\_

**Include a copy of legal documentation supporting change of name (i.e. marriage license, divorce decree, court order).**  
*Please contact WSA if you have questions about documents considered acceptable for a name change request.*



\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date