



Request to Change Name of Insured

This form may be returned to WSA as follows:

Email - info@wsalife.com / Fax - 303-459-5154 / Mail - PO Box 351920, Westminster, CO 80035-1920

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

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