

# Equitable Reserve Association

## Request for Change of Name or Beneficiary

Please fill in all information completely to expedite service.

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### NAME CHANGE (if applicable)

To: \_\_\_\_\_

### BENEFICIARY CHANGE

The beneficiary change will become effective only after your request has been approved and recorded by the Home Office. You will be sent an endorsement to add to your policy. The insurance shall be made payable to:

Primary	Relationship
Contingent	Relationship

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Owner or Owners Signature(s): \_\_\_\_\_

\_\_\_\_\_

Spouse Signature \_\_\_\_\_

(Required if you reside in AZ, CA, ID, LA, NV, NM, TX, WA, or WI)

Address: \_\_\_\_\_

\_\_\_\_\_

Notary Public Signature \_\_\_\_\_

Notary Public Seal

Return Completed form to:

**Equitable Reserve Association**  
**Attn: Member Services**  
**PO Box 448**  
**Neenah, WI 54957**