NAME CHANGED BY MARRIAGE/DIVORCE

Ref: Section 604.04 (7), Wis. Stat.



Return completed form to:

State of Wisconsin

Office of the Commissioner of Insurance
State Life Insurance Fund
P.O. Box 7873

Madison, WI 53707-7873

(608) 266-0107 • 1-800-562-5558

INSTRUCTIONS: Complete the information requested below. Date and sign in the presence of <u>two</u> witnesses. Forward this form to the above address. Your copy will be returned when signed by the Commissioner of Insurance.

Current Name on Policy		Policy Number – Insured
ddress		
ity, State Zip		
hone Number		
hereby declare that my name was changed	d by marriage divorce or	∩, (date)
and hereby request that my name be chang	red on the records of the State Life	
	to	
Signature (New Name)	Date	Social Security Number
WITNESS:	WITNESS:	
Signature	Signature	
Date	Date	
Address	Address	
7.00.000	, tadrees	
City, State, and Zip	City, State, ar	nd Zip
	For Fund Use Only	
This change is made effective		
	ate)	Commissioner of Insurance