

CERTIFICATE OF CHANGE OF NAME

TO: LUSO-AMERICAN LIFE INSURANCE SOCIETY
DUBLIN, CALIFORNIA

I am the Insured and holder of Life Insurance Policy No. _____, issued to me under the name of _____.

I do hereby certify that my name has been officially changed to:

_____ and request Luso-American Life Insurance Society to change my name on their records, using this Certificate as my authorization to make such change of name.

- IMPORTANT COMPLETE -

(Check One)

Name Change by Marriage

Name Changed by Court Order

Name Changed by Other (specify) _____

This Certificate is made for the purpose of changing my name on the records of Luso-American Life Insurance Society, and all statements herein made are warranted to be true and correct.

Dated the _____ day of _____, 20 _____

Witness

Insured