

# Grange Life Name/Address Change Request

Please type or print using dark ink.



Grange Life Insurance Company  
671 South High Street, PO Box 1218  
Columbus, OH 43216-1218  
grangelifepps@kclife.com  
Fax: 888.637.2864

<b>Policy Number</b>	<b>Insured</b>	<b>Owner</b> (if other than insured)
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### Instructions:

- Only the *policy owner* can make changes to the policy and all requests must be in full compliance with state, federal and industry regulations
- Check the box next to your request(s) and provide all of the requested information
- Review any disclosures and/or important notices
- Read, sign and date the Authorization section

ADDRESS CHANGE FOR:  INSURED  OWNER  PAYOR  BENEFICIARY

(No.)				(Street)			
(City)		(State)		(Zip)		(Country)	
( )		-					
(Phone Number)				(Email Address)			
<b>IMPORTANT: To reduce the risk of fraudulent activity, no financial transactions will be processed for 10 business days following an address change.</b>							

NAME CHANGE FOR:  INSURED  OWNER  PAYOR  BENEFICIARY

Change From: _____	Change To: _____
Reason: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Adoption <input type="checkbox"/> Typographic Error <input type="checkbox"/> Other _____	
<b>IMPORTANT: If changing insured or owner name, and the reason for the change is "Marriage", "Divorce" or "Adoption", a certified copy of the court order is required.</b>	

### AUTHORIZATION (REQUIRED FOR ALL REQUESTS)

The owner must complete the section below to authorize the request(s). I/we agree that any change requested above shall be effective when this form is returned to the Home Office and determined to be in good order.	
Signed at (City, State) _____	Date _____ / _____ / _____
Signature of Owner _____	Phone Number of Owner _____
Email _____	Signature of Assignee (if any) _____