



## Heartland National Life Insurance Company

### CHANGE OF NAME REQUEST

Insured

Owner

Beneficiary

From \_\_\_\_\_ Former Signature \_\_\_\_\_  
First, Middle, Last

To \_\_\_\_\_ Present Signature \_\_\_\_\_  
First, Middle, Last

Policy Number \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO:**  
**Heartland National Life Insurance Company**  
**PO Box 11903**  
**Winston-Salem, NC 27116**  
**Fax: 336-759-3141**