



Name Change Request

PRINT LEGIBLY

2491 Alluvial Ave. Ste. 170
Clovis, CA 93611
1-855-54-PAMANA
1-855-547-2626

Plan #: _____ Covered Participant Name: _____

Owner (If other than covered participant): _____

Instructions for completing this form:

1. This form must be completed in ink and cannot be altered by the use of correction fluid. **PLEASE print legibly.**
2. All name designations must be the full legal name.
3. The benefit owner must complete and sign the form.
4. Complete only if you wish to record a change in name for the owner, or covered participant, due to marriage, divorce, adoption, etc.
5. List the name, then the new name, and the reason for the change.

Name Change

I request a name change, update, or correction for someone associated with my plan.

Please change the name of the: ___ Covered Participant ___ Owner

Old Name: _____

New Name: _____

Reason for change: _____

Signature of Owner _____ **Date** _____

Phone # _____

FOR HEADQUARTERS USE ONLY

The above change has been received and filed at Headquarters

By _____ Date _____

NOTE: Once this form is received and filed at the Home office we will return a copy to you to attach to your plan.