

North American Swiss Alliance

26777 Lorain Road, Suite 321
North Olmsted OH 44070-3225

Change of Name Request

Certificate/Policy Number _____

Insured/Member (Original name) _____

(Do not submit certificate/policy unless otherwise instructed)

CHANGE NAME TO:

(Please Print)

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signed at this _____ day of _____, 20_____.

Signature of Insured

Street Address

City, State, Zip

Phone Number

~~~~~