



# SPJST

*Insuring and Enriching Lives*

*Please return to SPJST, PO Box 100, Temple, Texas 76503-0100  
Ph# 1-800-727-7578  
Ph# 254-773-1575*

## APPLICATION FOR CHANGE OF NAME

I, \_\_\_\_\_, the undersigned, being a member  
of local Lodge No. \_\_\_\_\_ of SPJST and being insured under Certificate  
No. \_\_\_\_\_ for \$ \_\_\_\_\_ hereby request my name to be changed  
from \_\_\_\_\_ to \_\_\_\_\_

X \_\_\_\_\_  
**Insured's Signature**

\_\_\_\_\_  
**Address, City, State, Zip Code**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**E-Mail**

**This form must be notarized or witnessed by an SPJST Sales Agent, Officer or Director.**

SUBSCRIBED AND SWORN TO BEFORE ME, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, Texas

\_\_\_\_\_  
SPJST Sales Agent, Officer or Director

Printed Name \_\_\_\_\_

Agent No. \_\_\_\_\_

Date \_\_\_\_\_