



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 _____