



Insuring & Enriching Lives

Please return to:
SPJST
PO Box 100
Temple, TX 76503-0100
254-773-1575 • spjst.org

Request for Change of Name

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

X _____
Insured Signature Date

_____ City State Zip
Address

(_____) / /
Phone Number Social Security Number

_____ Witness Signature
_____ Witness Printed Name

Change of Address

(Complete separate for each member)

Full Name _____ Date _____

Certificate numbers (if known) _____

If member is a juvenile, list address of payor. Payor's Name _____

Old Address _____ City _____ State _____ Zip _____

New Address _____ City _____ State _____ Zip _____

Email _____ Phone (_____) _____

Is your beneficiary correct? Yes ☐ No ☐

Would you like an agent to contact you for a review? Yes ☐ No ☐ If yes, best time to call?

Weekday ☐ Weekend ☐ Morning ☐ Afternoon ☐ Evening ☐