



- ☐ VUL Administration Unit  
P. O. Box 417002  
Kansas City, MO 64141-7002
- ☐ Transamerica Occidental Life Insurance Company  
Administrative Office  
P. O. Box 419521, Kansas City, MO 64179-0974
- ☐ Transamerica Assurance Company  
P. O. Box 30852, Los Angeles, CA 90030-0852



**Change of  
Name Form**  
TOC-4V ED. 101

**Policy Number:** \_\_\_\_\_ **Insured's Name:** \_\_\_\_\_

Owner's Name		
Address		
City	State	Zip

The recorded designation form will be mailed to the address shown at the left, unless otherwise indicated below and initiated by the owner.

Return Owner's Copy to:

Owner's Initials

☐ General Agency/GA Code \_\_\_\_\_

☐ Fax to: (      ) \_\_\_\_\_

FROM (*former name*) \_\_\_\_\_ Type or Print

TO (*new name*) \_\_\_\_\_ Type or Print

**For Individual Name Change Only**

Note: if Social Security Number Changes this form is not proper

U.S. Social Security Number

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(Include all Hyphens)

**Corporate Or Partnership Name Change Only**

U.S. Tax Account I.D. Number

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(Include all Hyphens)

\_\_\_\_\_  
Signature using former name

\_\_\_\_\_  
Signature using new name

\_\_\_\_\_  
Signature of Owner, if other than above

\_\_\_\_\_  
Witness to former and new signatures

**CORPORATIONS:** submit certified copy of official document issued by state authority.

\_\_\_\_\_  
New corporation name

By \_\_\_\_\_  
Officer and Title

**NOTE:** If a new partnership has been formed, complete Assignment to Transfer Ownership form.

\_\_\_\_\_  
New partnership name

By \_\_\_\_\_  
Partner

By \_\_\_\_\_  
Partner

Date Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**For Health Coverage Only**

If the change of name is because of marriage, are you continuing to work full time in your occupation? ☐ Yes ☐ No

A duplicate of this request has been filed at the Company's Administrative Offices and entered on its records.

Date recorded: \_\_\_\_\_ by: \_\_\_\_\_