GAINBRIDGE
Issued by Gainbridge Life Insurance Company

www.gainbridge.io

Change of Name Request

1 Contract Information

Contract Number: _____ **Contract Owner Name:** _____

2 Change Request Information

This Change of Name form is to be filled out in the event of any legal change to a Gainbridge Policy owner's name (marriage, divorce, etc.). All changes provided by you ("Account Owner") will be shared with Gainbridge Life Insurance Company (the "Company"), the contract issuer.

By reason of (please check one):

- ☐ Divorce (return with a copy of the Divorce Decree)
- ☐ Marriage (return with a copy of the Marriage License)
- ☐ Other (please specify the reason and provide supporting documentation): _____

3 New Name Information

Please print your new complete legal name – e.g. "Mary Jane Smith" not "Mrs. John J. Smith":

First Name:_____Last Name:_____

4 Signatures

This form dated at_____on the_____day of_____, 20_____.
City/State

_____ _____ _____
Signature of Owner | Owners Email Address | Owners Telephone