



Mail To: **Nationwide Life Insurance Company**  
**Nationwide Life and Annuity Insurance Company**  
 P.O. Box 182835  
 Columbus, OH 43218-2835  
 1-800-547-7548  
 www.nationwidefinancial.com

**REQUEST FOR CHANGE OF NAME**

Policy Number(s) \_\_\_\_\_

**Section 1**

Former Name (please print) \_\_\_\_\_

Present Name (please print) \_\_\_\_\_

Reason for Change of Name (check appropriate box):

- Marriage    Divorce    Adoption    Correction    Name Changed By Court Order    New Address

*Please send a copy (no originals) of the information supporting this request for change.  
 (i.e. marriage certificate, divorce decree, adoption paperwork, new social security card, court order, etc.)*

**Section 2**

PRIMARY/JOINT/ADDITIONAL INSURED – Name \_\_\_\_\_  
 RR/Box/Lot/Mobile Park/Apt/Suite \_\_\_\_\_  
 Street & Number/P.O. Box \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 County \_\_\_\_\_

Policy Owner – Name \_\_\_\_\_  
 RR/Box/Lot/Mobile Park/Apt/Suite \_\_\_\_\_  
 Street & Number/P.O. Box \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 County \_\_\_\_\_

Premium Payer – Name \_\_\_\_\_  
 RR/Box/Lot/Mobile Park/Apt/Suite \_\_\_\_\_  
 Street & Number/P.O. Box \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 County \_\_\_\_\_

**Section 3**

Signature of Policy Owner \_\_\_\_\_ Date \_\_\_\_\_

New Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_