

CHANGE OF NAME / SIGNATURE FORM

IMPORTANT INFORMATION

Please complete in ENGLISH and BLOCK CAPITALS.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.

The policy of insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. (TLB).

Select the box that applies

Change name / signature of: Insured Policy Owner

Insured's Name		Policy Number	
Alias Name (if any)	(1)	(2)	
Policy Owner's Name			
Alias Name (if any)	(1)	(2)	

Name Change	From (former name):	
	To (new name):	
Alias Name (if any)	(1)	(2)
New Signature		Date
X		(dd/mm/yyyy)

NOTE: If a new partnership has been formed, complete Transfer of Ownership Form.

Select the box that applies

Current Signature of Policy Owner*

Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
Phone Number			
Signature (include Title, if Corporation or Trust)	X		

Signature of Witness to Policy Owner

Signed at	(Country)	Date	(dd/mm/yyyy)
Name			
ID Number	Signature		
Type <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	X		
Address			

* Note:
To update your contact information, please submit the Personal Information Update Form available from your financial adviser representative.

For internal use

A duplicate of this request has been filed at TLB's branch office and entered on its records.

Date Recorded	(dd/mm/yyyy)	By	
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