REQUEST FOR CHANGE OF NAME

Pan-American Life Insurance Company

PAN-AMERICAN LIFE INSURANCE COMPANY is hereby requested and directed to change on its records the name of the:

_____

(Insert "Insured", "Owner", Beneficiary", "Annuitant", or "Payor")

For Policy or Contract No. _____

Issued on the life of _____

(This is a change of name only; both names refer to the same person or business entity. If a corporation, no transfer of corporate property has occurred by virtue of this change.)

From: _____
Print Former Name

To: _____
Print New Name

The reason for this change is _____

If the change is due to marriage, please state full name of spouse _____

Dated at _____ , on _____
City, State Month, day, year

_____
Signature of Policyowner

_____
Policyowner Name (please print)

Address of Policyowner: _____
Street

_____ _____ _____
City State Zip

Please submit this form and legal documentation supporting the change to Policy Owner Service.

Mail: **Pan-American Life Insurance Company**
Attn: Policy Owner Service
PO Box 9060
Oak Brook, Illinois 60522-9807

Fax: **(800)522-0449**