

CHUBB®

REQUEST FOR NAME CHANGE PLATINUM TERM 10 TO AGE 85

Owner Name: _____

Address: _____

This is in reply to your recent request for a Name Change under your Platinum Term Life Insurance Policy, underwritten by Chubb Life Insurance Company of Canada ("Chubb Life")/Chubb du Canada Compagnie d'Assurance-Vie (« Chubb-Vie »).

IMPORTANT: Complete and return this form to our Administrator at Combined Insurance/Combined Assurances P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5; Fax # 905-305-8600.

POLICY NUMBER		
FULL NAME OF INSURED 1	FULL NAME OF INSURED 2	

Please mark your records to indicate that the name listed on the above numbered Platinum Term Life Policy, underwritten by Chubb Life/Chubb-Vie was legally changed:

- OWNER
- CONTINGENT OWNER
- INSURED 1
- INSURED 2
- BENEFICIARY

_____ to _____
DATE OF CHANGE (PLEASE PRINT) FULL NAME

The reason for this Name Change is:

- MARRIAGE
- OTHER - Please Explain: _____

(This proof is required regardless of whether the change was due to "Marriage" or "Other")

NOTE: Please enclose a copy of any legally accepted verification of this change (for example: birth certificate, diver's license, passport, enlistment or discharge papers, or marriage license)

Dated at _____ this _____ day of _____ 20_____

Signature of Owner

Send this completed form to our Administrator at:
Combined Insurance Company of America / Compagnie d'assurance Combined d'Amérique
Canadian Head Office / Siège social canadien : P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5
Telephone / Téléphone : 1 888 234-4466
www.combined.ca

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