



## Heartland National Life Insurance Company

### CHANGE OF NAME REQUEST

Insured

Owner

Beneficiary

From \_\_\_\_\_ Former Signature \_\_\_\_\_  
First, Middle, Last

To \_\_\_\_\_ Present Signature \_\_\_\_\_  
First, Middle, Last

Policy Number \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO:  
Heartland National Life Insurance Company  
PO Box 11903  
Winston-Salem, NC 27116  
Fax: 336-759-3141**