



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 2878
Salt Lake City, UT 84110-2878
Fax: 801-931-6375**