

# LAFOURCHE LIFE INSURANCE COMPANY

POLICY NUMBER	NAME OF INSURED (PLEASE PRINT)	AGE
1		
2		
3		
4		
5		
6		

*I hereby certify that I am the person insured under the above numbered policy and hereby request:*

<b>CHANGE OF BENEFICIARY</b>
<p style="text-align: center;">That the proceeds of my policy be paid at my death to _____</p> <p>(1) who is my _____ and whose present age is _____ and ask that the Company take this into consideration in determining, according to the terms of the said policy, to whom the benefits thereunder shall be paid.</p>

<b>CHANGE OF NAME BY MARRIAGE</b>
<p>(2) From _____</p> <p style="padding-left: 100px;">To _____</p>

<b>CORRECTION OF AGE</b>
<p>(3) Change Age of Insured from _____ to _____</p> <p style="padding-left: 20px;">Give correct date of birth _____</p>

<b><i>The Policy must be sent to Home Office for Official Endorsement or sign for Lost Policy.</i></b>		
Signature of Insured _____		
Printed Name of Insured _____		
Address _____		
City _____	State _____	Zip Code _____
Witness _____	Date _____	
Debit #	Agent's Name	District

**\*\*\* Please note: If this form is not signed in the presence of an authorized employee, signatures must be verified by Notary Public.**

Sworn to and subscribed before me this _____ day of _____, 20___.
_____ NOTARY PUBLIC