

Name Change Request

For questions or help with this form, call us at **800-990-7626**.
Throughout this form, “the Company” refers to the issuing company.¹

Contract Information (please print clearly)		
Contract Number(s)		
Owner		
Joint Owner (if applicable)		
Address		
City	State	Zip Code
Email Address	Phone Number	

Legal Name Change	
From	
To	

This request should be accompanied by a photocopy of official documentation for the name change.

¹ Clear Spring Life and Annuity Company is authorized to transact business in all states (except New York) and is a member of Group1001. Clear Spring Life and Annuity Company is responsible for its own financial condition and contractual obligations.

Signature(s)

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.) for the contract owner, you must sign in your fiduciary capacity and not in your individual capacity. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

If the policy is owned by a corporation, (an) authorized officer(s) of the corporation must sign this form and provide his or her title. Please submit documentation authorizing the changes to process this request.

All contract owners must sign this form to process changes to contact information.

Once this change is recorded in the company's system, an acknowledged letter will be sent to you, to be kept with your contract.

Contract Owner Signature X	Date (mm/dd/yyyy)	Contract Joint Owner Signature (if applicable) X	Date (mm/dd/yyyy)
Please Print Owner Name	Please Print Joint Owner Name (if applicable)		

Contact Us

By mail

Clear Spring Life and Annuity Company
P.O. Box 80509
Indianapolis, IN 46280-0428

By express mail

Clear Spring Life and Annuity Company
10555 Group 1001 Way
Zionsville, IN 46077

By fax

317-574-2050

By email

customerservice@clearspringlife.com

By phone

Customer Service **800-990-7626** M-F 8:00 a.m.-5:00 p.m., ET