



Phone: (800) 918-8877
Fax: (847) 615-4943
Email: CustomerCare@trustmarkbenefits.com
Website: TrustmarkVB.com

PO Box 7937
Lake Forest IL 60045-7937

NAME CHANGE FORM

Account No.: _____ Policy/Certificate No.: _____

Owner: _____ Insured: _____

Email: _____ Phone: _____

CHANGE OF NAME FOR:

Insured Owner Payor Child

From: _____
 First Middle Last

To: _____
 First Middle Last

Reason: _____

Required documentation to process this change:

- A copy of your name change document (i.e., marriage certificate, divorce decree, court order documents).
- A copy of valid ID (i.e., driver's license, state issued ID, passport).

Owner Signature

Date