Amalgamated Life Insurance Company
Policy Services Department
333 Westchester Avenue
White Plains, NY 10604
1-914-367-5000

REQUEST FOR CHANGE OF BENEFICIARY AND/OR CHANGE OF NAME

PLEASE TYPE OR PRINT

INSURED'S SOCIAL SECURITY #	POLICYHOLDER'S NAME (EMPLOYER/UNION)	POLICY NO.

Insured's Name	
Street Address	
City, State, Zip	

❑ BENEFICIARY CHANGE

PRIMARY

Name	Relationship	Address	Social Security #	Telephone
1.				
2.				

CONTINGENT

Name	Relationship	Address	Social Security #	Telephone
1.				
2.				

❑ CHANGE OF NAME

FROM _____

TO _____

DATE _____, 20_____ SIGNATURE X_____

FOR INSURANCE COMPANY'S USE ONLY – ACKNOWLEDGEMENT OF CHANGE

The recording of the change(s) requested above is hereby acknowledged.

Date Recorded	Policy Services Department	Initials