



CHANGE OF NAME

EB 202

I, _____ residing at _____
³ (Full name of member)

(home address of insured)

a member of the Group Life Scheme/Pension Plan administered by Guardian Life Limited

for _____
(name of company)

do hereby declare that the above name has been changed to
_____ as of _____.

This change was effected by way of:-

MARRIAGE (CERTIFICATE) DATED _____

DEED POLL DATED _____

OTHER – (EXPLAIN) _____

Member's Signature _____ Date _____

Witness _____ Date _____
Authorized signature on behalf of the company

For Official Use: Index by Group #, Member #, TRN and Name of Member.

^{1a}Group #: _____ ^{1b}Member #: _____

²TRN: _____