

**DATE:**

**NAMED INSURED(S):**

**INSURANCE COMPANY:**

**POLICY NUMBER(S):**

**INSURANCE AGENT:**

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This notice is to serve as a confirmation from the named insureds to make changes to the referenced policies as a result of separation or divorce. By signing this document, all parties are authorizing that the information provided is true and accurate. Additionally, this executed document grants authority to The Insurance Loft or the insuring company to process the outlined changes as of the effective date provided. Further documentation, such as proof of asset titling and/or a divorce decree, may be required in addition to this authorization form.

**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

**POLICY CHANGES TO BE MADE:**

**SIGNATURE & DATE:**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**