



# Request for Change of Name

**ING Life Insurance and Annuity Company**  
Payout Services Unit  
P.O. Box 990063  
Hartford, CT 06199-0063  
800-238-6273 Option 2  
FAX 800-435-5366

<b>Name Information</b>	Former Name		Social Security No.
	Contract Number(s)		
	Address (No. & Street / PO Box)		Daytime Telephone No.
	City/Town	State	ZIP
	New Name		
	Name Change Due To: <input type="checkbox"/> Marriage* <input type="checkbox"/> Divorce* <input type="checkbox"/> Legal Name Change* <input type="checkbox"/> Name Incorrectly Spelled  *Please attach a copy of a marriage certificate, divorce decree, or other legal papers declaring your new name.		
<b>Authorization</b>	Signature		Date (mm/dd/yyyy)