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CORRECTION OF BIRTH DATE

Please print or type except where signatures are requested.

Policy Number: _____

Insured's Name: _____

Owner's Address (including City, State, Zip Code): _____

Owner's Phone Number: () _____

Owner's Email: _____

Change Date of Birth for: Owner Insured Dependent

Correct Date of Birth: _____, for _____
insert full name

Premium may be altered based upon changes to the Insured's age.

Please attach a copy of legal documentation of the birth date to this form (i.e. birth certificate or passport).

I (we) request that the transaction marked above be completed by Trustmark and I (we) expressly warrant that all persons signing below are of legal age. The changes requested in the form will not become effective until approved by Trustmark.

Dated at _____ this _____ day of _____, 20 _____
City and State

Name of Owner(s): _____

Signature of Owner(s): _____