

# Czech Catholic Union

A LEGAL RESERVE FRATERNAL BENEFIT SOCIETY



Executive Office:  
5349 DOLLOFF ROAD  
CLEVELAND, OHIO 44127  
(216) 341-0444

## REQUEST FOR CHANGE OF BENEFICIARY

I return to you herewith my Certificate No. \_\_\_\_\_ and I hereby direct you, in accordance with the terms of said Certificate to change my Beneficiary or Beneficiaries as follows:

PLEASE PRINT

NAME	RELATIONSHIP	AGE	AMOUNT OF INSURANCE TO BE PAID TO EACH BENEFICIARY

I further direct that you change my Beneficiary record in the files and endorse on my Certificate the change in Beneficiary or Beneficiaries, as I have requested above. It is understood that the entry of the Name or Names of my last designated Beneficiary or Beneficiaries, upon my Certificate, shall terminate the rights of the *former* Beneficiary or Beneficiaries, and that from and after the date below written, my Beneficiary or Beneficiaries shall be as above designated subject to my right at any time in the future, to make a further change in Beneficiary or Beneficiaries in accordance with the laws of the Czech Catholic Union.

Signed at \_\_\_\_\_ state \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Certificate No.

\_\_\_\_\_  
Society

\_\_\_\_\_  
No.

Witness to Signature {

{

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full baptismal name, relationship, age and amount intended for each Beneficiary should be shown in above form. Member's signature in this request should agree with the name on the face of Certificate. Signature of member should be attested by the officers of Local Branch, or by two responsible persons.

INSURANCE CERTIFICATE MUST BE RETURNED WITH THIS FORM