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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 Beneficiaries as follows.

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 by Certificate the change in Beneficiary or Beneficiaries, as I request above. It is understood that 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 further change in Beneficiary or Beneficiaries in accordance with the law of the Czech Catholic Union.

Signed at _____, _____ this _____ day of _____, 20____
 City State

Signature of Member _____ Certificate No. _____

Print Member Name _____ SSN _____

Society # _____

Witness to Signature _____
 (Two) _____

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