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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 Beneficiary or Beneficiaries as follows:

PLEASE PRINT

NAME & ADDRESS	SOCIAL SECURITY #	PERCENTAGE TO BENEFICIARY	RELATIONSHIP
Primary Beneficiary			
Contingent 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 _____, _____ this _____ day of _____ 20____.
City State

 Printed Name of Member Signature of Member Society No.

Witness to Signature (Cannot be beneficiary) { X _____
 X _____

Full baptismal name, current address, social security number, amount intended for each Beneficiary, and relationship should be shown on above form. Member’s signature in this request should agree with the name on the face of the Certificate.

INSURANCE CERTIFICATE MUST BE RETURNED TO THE HOME OFFICE WITH THIS FORM