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REQUEST FOR CHANGE OF BENEFICIARY

Member's Name: _____ Social Security No.: _____
 Certificate No.: _____ Society No.: _____

It is understood that names listed below will replace (terminate the rights) of the former beneficiary(s). Changes below will be in effect once approved by the Home Office.

PLEASE PRINT

NAME & ADDRESS	SOCIAL SECURITY #	PERCENTAGE TO BENEFICIARY	RELATIONSHIP
Primary Beneficiary			
Contingent Beneficiary			

Member Signature: _____ Date: _____

STATE OF _____)
) SS.
 COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public, in and for said County personally appeared _____ who acknowledges that he/she did sign the foregoing instrument, and that the same is his/her free act and deed.

In Testimony whereof, I have hereunto affixed my name and official seal at

_____ this _____ day of _____.

 Notary Public

MAIL COMPLETED FORM TO ADDRESS ABOVE

CB9-2019 Officer Approval: _____ Date: _____