CCU life
CZECH CATHOLIC UNION

5349 Dolloff Rd. Cleveland, Ohio 44127
Tel: 216-341-0444 Fax 216-341-0711
www.czechccu.org
insurance@czechccu.org

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	DATE OF BIRTH	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 foresaid 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

If a trust is named as the beneficiary, a copy of the trust must accompany this form.

CB5-2022 Rev. 7/12/2022 Officer Approval: _____ Date: _____