

Instructions for completing “Request for Change of Beneficiary” form

1. Print the full given name, address, date of birth, social security number, percentage to beneficiary and relationship to insured for each beneficiary listed.
2. If you have more than one certificate and the beneficiaries will be the same for each certificate, you may list all the certificate numbers on one beneficiary change form.
3. When two or more beneficiaries are named in equal position clearly state the division of proceeds by using a specific percentage (%) for each.
4. If you have more beneficiaries than will fit on this form, please continue on a separate piece of paper (8 ½ x 11) and attach to this form.
5. Should no beneficiaries survive the insured, the death benefits will be paid to the estate of the insured.
6. If there is a Change of Ownership, then the form must be signed by the Owner and not the insured.
7. If you have Power of Attorney (POA) OR Guardianship for the insured, please include a copy of your POA or Guardianship papers and make sure the name, address and phone number of POA or Guardian are on the document. Also, if POA is older than 6 months, you must complete an affidavit.
8. This form must be notarized and mailed to our home office:
Czech Catholic Union/CCU Life
5349 Dolloff Road, Cleveland, Ohio 44127
9. Faxes or emails are not accepted on Beneficiary changes.
10. Home office will mail a letter and a copy of this form to you once the change is complete. Please keep copy with your certificate.