

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: _____ 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.

Officer Approval: _____ Date: _____

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.