



CHANGE OF BENEFICIARY AND/OR CHANGE OF NAME

Instructions:

For Change of Beneficiary:

- Please complete sections 1, 2, 4, and 5.
- The full name and relationship of the primary and/or contingent beneficiary(ies) must be entered in the second section. If additional space for names is needed, please include a separate sheet of paper with the form.

For Change of Name:

- Please complete sections 1, 3, 4, and 5.

It is **necessary** that only your signature (as you are signing this form) on the third page of the form be witnessed in the presence of a Notary Public, that is not related to you or your beneficiaries (the Notary’s Seal and the date their commission expires must be stamped on the form in order for the document to be duly recognized).

Original of this document will remain in members file in the home office. Copy bearing Secretary-Treasurer’s signature and PRCUA’s official seal will be returned to member and should be firmly attached to Insurance Certificate. **DO NOT SEND THE CERTIFICATE WITH THIS FORM.**

If you have any questions, or for additional information, please contact us at 📞 1-800-772-8632 or visit our website at 🌐 www.prcua.org.

PLEASE PRINT IN ALL BLOCK AREAS; WITH CAPITAL LETTERS WHEN NECESSARY

1. INSURED/ANNUITANT INFORMATION

FIRST (MI) LAST NAME	SOCIETY	ROSTER (LIFE ONLY)	CERTIFICATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TAX IDENTIFICATION NUMBER (SSN/TIN) PHONE NUMBER

2. BENEFICIARY INFORMATION

You are hereby requested and authorized to make the following change(s) of the beneficiary(ies) on the above numbered Certificate, making Certificate payable in the event of my death to:

PRIMARY CONTINGENT (CHECK ONE) / (Beneficiary Full Name/Relationship/Address)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PRIMARY CONTINGENT (CHECK ONE) / (Beneficiary Full Name/Relationship/Address)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. BENEFICIARY INFORMATION

(continued from page 1)

PRIMARY CONTINGENT (CHECK ONE) / (Beneficiary Full Name/Relationship/Address)

Grid for beneficiary information entry (3 rows).

PRIMARY CONTINGENT (CHECK ONE) / (Beneficiary Full Name/Relationship/Address)

Grid for beneficiary information entry (3 rows).

PRIMARY CONTINGENT (CHECK ONE) / (Beneficiary Full Name/Relationship/Address)

Grid for beneficiary information entry (3 rows).

PRIMARY CONTINGENT (CHECK ONE) / (Beneficiary Full Name/Relationship/Address)

Grid for beneficiary information entry (3 rows).

Special requests for Beneficiary distribution:

Horizontal lines for special requests.

3. CHANGE OF NAME

THIS SECTION IS TO BE COMPLETED ONLY IF THERE HAS BEEN A CHANGE OF NAME (by marriage, court order, adoption, etc.)

I, the applicant/member/owner, authorize the Polish Roman Catholic Union of America to change the name of the said

Insured Certificate [grid] to my present legal name:

Grid for name entry.

FIRST (MI) LAST NAME

and direct that such name be entered on the Home Office Records.

4. SIGNATURES

I hereby waive any requirement that the Change of Beneficiary be endorsed on the certificate by the Secretary-Treasurer, and in lieu of such endorsement, I direct that the Change of Beneficiary be endorsed on the Beneficiary Record in the files of the PRCUA and that a copy of this Beneficiary Change be returned to me approved by the Secretary-Treasurer. I understand that this Request for Change of Beneficiary will take effect as of the date this Request is received by the Home Office and that the Change of Beneficiary as noted herein and on the PRCUA Record shall be final unless revoked in the future by another Request for Change of Beneficiary.

DATE – (MONTH/DAY/YEAR)

MEMBERS DATE OF BIRTH – (MONTH/DAY/YEAR)

SIGNATURE OF APPLICANT/MEMBER/OWNER

STREET ADDRESS / CITY, STATE, ZIP CODE

STATE COUNTY DATE – (MONTH/DAY/YEAR)

I, a Notary Public in and for the County in the State aforesaid, do hereby certify that on this date, the above person appeared before me and that they signed and delivered the aforesaid request for the uses and purposes therein set forth as their free and voluntary act.

SEAL:

SIGNATURE OF NOTARY PUBLIC

5. ADDITIONAL INFORMATION

Please mail all pages of this completed form to:

SECRETARY-TREASURER DEPARTMENT
POLISH ROMAN CATHOLIC UNION OF AMERICA
984 N MILWAUKEE AVE
CHICAGO, IL 60642-4101

INTERNAL OFFICE USE ONLY

PROCESSED BY: (PLACE DEPARTMENT RECEIVED STAMP BELOW)

PERSONNEL DATE

The Polish Roman Catholic Union of America has recorded the change and retained the Original request in the office. Seal

SECRETARY-TREASURER DATE