



# BENEFICIARY CHANGE TO TRUSTEE

## Instructions:

In order to prevent any delays in processing, please complete sections 1 and 3. We **must** have the following:

- ✓ The date of the Trust on the form
- ✓ A copy of the Trust Agreement or FIRST **and** LAST pages of Agreement (wherein all signatures are Notarized, as well as the portion that pertains to Life Insurance, and the portion that pertains to the names of your co-trustees successor-trustees)
- ✓ Your Social Security Number on the Form

Upon receipt of the properly completed form, the change will be documented on our records, and a copy of the endorsed form will be returned to you, so that you can attach this form to your Certificate of Insurance.

**THIS CHANGE TO TRUSTEE AS PRIMARY/CONTINGENT BENEFICIARY FORM MUST BE COMPLETED, SIGNED IN THE PRESENCE OF A NOTARY PUBLIC, AND RETURNED TO OUR OFFICE TO PREVENT ANY DELAYS IN PROCESSING.**

**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](http://www.prcua.org).

*PLEASE PRINT IN THE BLOCKS WITH CAPITAL LETTERS*

## 1. INSURED/ANNUITANT INFORMATION

FIRST (MI) LAST NAME	CERTIFICATE	SOCIETY	ROSTER (LIFE ONLY)
STREET ADDRESS / CITY, STATE, ZIP CODE			

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
TAX IDENTIFICATION NUMBER (SSN/TIN)	PHONE NUMBER

The undersigned Certificate Owner hereby revokes any and all previous beneficiary designations and any optional mode of settlement with respect to any death benefit proceeds payable at the death of the Insured.

Any such proceeds shall be paid in one sum to:

NAME OF TRUST

of

CITY, STATE, ZIP CODE

Trustee(s) or any successor(s) in trust under written agreement dated

(MONTH/DAY/YEAR)

and any amendments thereto, as:       PRIMARY       CONTINGENT

1. INSURED/ANNUITANT INFORMATION

(continued from page 1)

If, before payment of the death proceeds, the Insured/Annuitant receives proof satisfactory to it that the trust has been revoked or is not in effect at the death of the Insured/Annuitant, the death proceeds shall be paid in one sum to the Owner, his assigns or legal representative.

All rights of ownership in the Certificate (Policy) are retained by the Owner, including the right to change further the beneficiary of the Certificate (Policy) without consent of any such beneficiary.

The Insurer shall not be obligated to inquire into the terms of the trust and it will be fully discharged from all liability after payment of the death proceeds by the Insurer under the Certificate (Policy) as provided herein.

2. SIGNATURES

Signature line with red X icon and label SIGNATURE OF OWNER

Form fields for STATE, COUNTY, and 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 line with green X icon and label SIGNATURE OF NOTARY PUBLIC

3. ADDITIONAL INFORMATION

Please mail all appropriate pages 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