



BENEFICIARY DESIGNATION / CHANGE OF NAME

Instructions:

For Beneficiary Designation:

- 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.
- Date of Birth and Social Security Numbers are also **required** for all Beneficiaries.

For Change of Name:

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

CHANGE OF BENEFICIARY/CHANGE OF NAME ONLY: 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.

1. INSURED/ANNUITANT INFORMATION

FIRST (MI) LAST NAME

SOCIETY

ROSTER (LIFE ONLY)

CERTIFICATE

TAX IDENTIFICATION NUMBER (SSN/TIN)

PHONE NUMBER

2. BENEFICIARY INFORMATION

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

① PRIMARY CONTINGENT (CHECK ONE)

TAX IDENTIFICATION NUMBER (SSN/TIN)

DATE OF BIRTH (MM/DD/YYYY)

FIRST (MI) LAST NAME

RELATIONSHIP

STREET ADDRESS / CITY, STATE, ZIP

② PRIMARY CONTINGENT (CHECK ONE)

TAX IDENTIFICATION NUMBER (SSN/TIN)

DATE OF BIRTH (MM/DD/YYYY)

FIRST (MI) LAST NAME

RELATIONSHIP

STREET ADDRESS / CITY, STATE, ZIP

2. BENEFICIARY INFORMATION

(continued from page 1)

3 PRIMARY CONTINGENT (CHECK ONE) _____
TAX IDENTIFICATION NUMBER (SSN/TIN) DATE OF BIRTH (MM/DD/YYYY)

FIRST (MI) LAST NAME RELATIONSHIP

STREET ADDRESS / CITY, STATE, ZIP

4 PRIMARY CONTINGENT (CHECK ONE) _____
TAX IDENTIFICATION NUMBER (SSN/TIN) DATE OF BIRTH (MM/DD/YYYY)

FIRST (MI) LAST NAME RELATIONSHIP

STREET ADDRESS / CITY, STATE, ZIP

5 PRIMARY CONTINGENT (CHECK ONE) _____
TAX IDENTIFICATION NUMBER (SSN/TIN) DATE OF BIRTH (MM/DD/YYYY)

FIRST (MI) LAST NAME RELATIONSHIP

STREET ADDRESS / CITY, STATE, ZIP

6 PRIMARY CONTINGENT (CHECK ONE) _____
TAX IDENTIFICATION NUMBER (SSN/TIN) DATE OF BIRTH (MM/DD/YYYY)

FIRST (MI) LAST NAME RELATIONSHIP

STREET ADDRESS / CITY, STATE, ZIP

7 PRIMARY CONTINGENT (CHECK ONE) _____
TAX IDENTIFICATION NUMBER (SSN/TIN) DATE OF BIRTH (MM/DD/YYYY)

FIRST (MI) LAST NAME RELATIONSHIP

STREET ADDRESS / CITY, STATE, ZIP

Special requests for Beneficiary distribution: _____

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 _____ to my present legal name: _____, and direct that such name be entered on 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

NOTE: Notary Public signature required only for Change of Beneficiary(ies) and/or Change of Name.

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 _____