



Polish Women's Alliance of America
FIRST CATHOLIC SLOVAK LADIES ASSOCIATION
Change of Name/Beneficiary Form

6643 N Northwest Hwy. 2nd Floor
 Chicago, IL 60631
 847-384-1200
 Toll Free 888-522-1898
 www.pwaa.org

Name of Insured Member:		New Name (changed to):	
Group:	Certificate Number(s)		
Telephone:	E-Mail Address:	Social Security Number:	
Address:	City:	State:	Zip code:

I request PWAA/FCSLA to change my beneficiary (ies) as listed below:

Primary Beneficiary

Name (First,Middle,Last)	Home Address	Date of Birth	Relationship To insured	Social Security	Percentage Of Proceeds*

Contingent Beneficiary

Name (First,Middle,Last)	Home Address	Date of Birth	Relationship To insured	Social Security	Percentage Of Proceeds*

** Percentages must total 100%. If no entry is made in this column, proceeds will be paid in equal shares to all primary beneficiaries who survive the Insured; but if no one survive, proceeds will be paid in equal shares to all contingent beneficiaries who survive the Insured; otherwise, to the owner or his estate.*

I understand that with this written request, I revoke the previously designated beneficiary (if applicable), and direct the PWAA/FCSLA to change the beneficiary of the above-indicated Certificate(s) of Insurance.

I direct that any amendment to the Certificate requested above take effect on the date this request is accepted by the Secretary/Treasurer, but without any liability to the PWAA/FCSLA. on account of payment made or action taken by PWAA/FCSLA. before this request was processed by the PWAA/FCSLA. home office. I understand that PWAA/FCSLA. may waive any Certificate provision requiring presentation of the Certificate for endorsement, but may require such Certificate presentation if desired.

Signature Current Owner _____	Date _____
Signature of Current Owner's Spouse (Required in AK,AZ,CA,ID,LA,NV,NM,TX,WA,WI) _____	

ATTESTATION BY FINANCIAL SECRETARY OR CERTIFICATION BY NOTARY PUBLIC REQUIRED

<p>ATTESTATION BY FINANCIAL SECRETARY: It is hereby certified that the said member has signed the above request in my presence on _____ (date) at _____ (city), _____ (state)</p> <p>Signature of Financial Secretary _____ Group: _____</p> <p>Printed Name of Financial Secretary _____</p>
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OR

<p>CERTIFICATION BY NOTARY PUBLIC: (Required when Financial Secretary is not available as witness, or when members signs with a cross (x) mark).</p> <p>State and County: _____, Date: _____, I, a Notary Public, in and for the County in the State aforesaid, do hereby certify that _____, (name) personally appeared before me and acknowledged that he/she signed and delivered the aforesaid Request for the uses and purposes therein set forth as his/her free and voluntary act.</p> <p>SEAL _____</p> <p align="right">Signature of Notary Public _____</p> <p align="right">My Commission Expires _____</p>

<p>Polish Women's Alliance of America has recorded the change(s) requested and retained the original request.</p> <p>on _____ (date) at Chicago, IL</p> <p>By _____, Antoinette L. Trela Acting PWAA Chief Operating Officer</p>
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