



Polish Women's Alliance of America

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 P.W.A. of A. 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 Polish Women's Alliance of America 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 P.W.A. of A. on account of payment made or action taken by P.W.A. of A. before this request was processed by the P.W.A. of A. home office. I understand that P.W.A. of A. 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

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)	
Signature of Financial Secretary _____	Group: _____
Printed Name of Financial Secretary _____	

OR

CERTIFICATION BY NOTARY PUBLIC: (Required when Financial Secretary is not available as witness, or when members signs with a cross (x) mark).	
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.	
SEAL	Signature of Notary Public _____
	My Commission Expires _____

Polish Women's Alliance of America has recorded the change(s) requested and retained the original request.	
on _____ (date) at Chicago, IL	
By _____, Secretary/Treasurer	