

First **Catholic** Slovak Ladies **Association**

24950 Chagrin Blvd., Beachwood, Ohio 44122 1-800-464-4642 www.fcsla.org

ELECTION OF CHANGE OF BENEFICIARY

Name of Insured: _____

Date of Birth _____ Social Security # _____ Branch _____

Cert. # _____

In accordance with the provisions of the Bylaws of the First Catholic Slovak Ladies Association, I hereby elect to change the beneficiary of this certificate to:

Primary Beneficiary(s): **Please Print Legibly**

➤ Name _____ SS# _____ Share (%) _____

Relationship _____ Birth date _____ Phone# _____

Address _____

➤ Name _____ SS# _____ Share (%) _____

Relationship _____ Birth date _____ Phone# _____

Address _____

➤ Name _____ SS# _____ Share (%) _____

Relationship _____ Birth date _____ Phone# _____

Address _____

If you have more than three primary beneficiaries, please continue on a separate sheet of paper.

Contingent(s): (Contingent(s) will become beneficiary(s) upon the death of all of the primary beneficiary(s))

➤ Name _____ SS# _____ Share (%) _____

Relationship _____ Birth date _____ Phone# _____

Address _____

➤ Name _____ SS# _____ Share (%) _____

Relationship _____ Birth date _____ Phone# _____

Address _____

By this election I revoke all other and former designations and reserve the right to make other and further changes of beneficiary at any time I may elect.

Signature of Insured

Date

Phone #

Street of Insured

City, State, Zip of Insured

Witness Signature

Date

Witness must not be a beneficiary

SEE INSTRUCTIONS ON REVERSE SIDE

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Instructions for Completing the “Election of Change of Beneficiary” Form:

1. The information you provide on the Election of Change of Beneficiary form supersedes all existing beneficiary(s) information on the certificate.
2. Print full given name, social security number, relationship, birth date, phone number, and address of the new beneficiary.
3. A wife’s given name and her husband’s name should be used.
4. Always state the beneficiary’s relationship to the insured or the annuitant.
5. Complete a separate request for each certificate.
6. Unless otherwise requested, if two or more persons are named beneficiaries, proceeds shall be paid in equal shares to the beneficiaries or to such as survive.
7. If no beneficiaries survive the insured or the annuitant, the death benefits shall be paid to the estate of the insured or the annuitant.
8. If parents name children as beneficiaries, include birth dates for each child.
9. Witness must not be beneficiary.
10. Mail completed form to the Home Office:

The First Catholic Slovak Ladies Association
24950 Chagrin Blvd.
Beachwood, OH 44122

11. Home Office will mail the Change of Beneficiary Rider to the insured or the annuitant confirming the change(s).

All changes are effective on the date they are received by the Home Office.