

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: _____

Complete address of insured _____

Date of Birth _____ Social Security # _____ Branch _____

Certificate(s)# _____

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 _____

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 #

Signature of Owner (if different from insured)

Date

Phone # of Owner

Street of Owner (if different from insured)

City, State, Zip of Owner

Witness Signature

Date

Witness must not be a beneficiary

SEE INSTRUCTIONS ON REVERSE SIDE

THIS FORM MUST BE MAILED TO THE HOME OFFICE TO BE VALIDATED

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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 to insured, date of birth, phone number, and complete address of the new beneficiary.
3. Ownership – when there is a living designated owner of an insurance certificate (other than the insured) the owner must sign this form and have their signature witnessed.
4. A wife’s given name and her husband’s name should be used.
5. Always state the beneficiary’s relationship to the insured or the annuitant.
6. If you have more than two primary beneficiaries, please continue on a separate sheet of 8 ½ x 11 paper.
7. If you have more than one certificate and the beneficiaries will all be the same for each certificate, you may list all the certificate numbers on one (1) Change of Beneficiary Form.
8. When two or more beneficiaries are named in equal position clearly state the division of proceeds (portion, share, %) such as (=) equal shares or a specific percentage.
9. If no beneficiaries survive the insured or the annuitant, the death benefits shall be paid to the estate of the insured or the annuitant.
10. A minor may be named as long as a Guardian/ Custodian is appointed to receive the funds on the minor’s behalf. Either a Trust or an UTMA (Uniform Transfer to Minors Act) account must be set up to have immediate access to the proceeds. Complete the beneficiary designation as follows: "Name of Guardian /Custodian", as Custodian for (Name of Minor) under the (Name of State) UTMA: Example: John Doe, as Custodian for Jason Smith under the Ohio UTMA.
11. If you have Power of Attorney (POA) OR Guardianship for the insured, please include a copy of your POA or Guardianship papers and make sure the name, address & phone # of the POA or Guardian is on the document.
12. If you are listing your TRUST as the beneficiary – include a copy of the Title, Successor / Trustee and Signature pages.
13. Please make sure you have your signature witnessed by another adult who is not your beneficiary. This DOES NOT need to be notarized.
14. Mail completed form to the Home Office:
The First Catholic Slovak Ladies Association
Attn: Beneficiary Dept.
24950 Chagrin Blvd.
Beachwood, OH 44122
15. Faxes are not accepted on Beneficiary changes.
16. 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.

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