



ELECTION OF CHANGE OF BENEFICIARY FORM

Certificate(s):

Certificate Owner -- PLEASE UPDATE:

Name: _____
Address: _____

Email: _____
Phone: _____ DOB: _____

SEE INSTRUCTIONS ON NEXT PAGE

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

Primary Beneficiary(s): Please Print Legibly

Name : _____ **Share (%) :** _____ **SSN:** _____
Relationship to Insured: _____ DOB: _____ Phone: _____
Address : _____

Name : _____ **Share (%) :** _____ **SSN:** _____
Relationship to Insured: _____ DOB: _____ Phone: _____
Address : _____

Name : _____ **Share (%) :** _____ **SSN:** _____
Relationship to Insured: _____ DOB: _____ Phone: _____
Address : _____

Contingent(s): will become beneficiary(s) after the death of all the primary beneficiary(s) listed above

Name : _____ **Share (%) :** _____ **SSN:** _____
Relationship to Insured: _____ DOB: _____ Phone: _____
Address : _____

Name : _____ **Share (%) :** _____ **SSN:** _____
Relationship to Insured: _____ DOB: _____ Phone: _____
Address : _____

Witness must NOT be a beneficiary and must sign at the SAME time as the owner

Signature of Certificate Owner Date SSN (required)

Witness Signature (must sign at same time as above) Date

THIS FORM MUST BE SIGNED AND RECEIVED BY THE HOME OFFICE TO BE VALIDATED

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 LEGIBLY the full given name, social security number, relationship to insured, date of birth, phone number, and complete address of each beneficiary.
3. Ownership – when there is a living designated owner of an insurance certificate (*other than the insured*) the owner must sign this form instead of the Insured.
4. A wife's full given name and her husband's name should be used.
5. Always state the beneficiary's relationship to the Insured.
6. If you have more beneficiaries than will fit on this form, please continue on a separate sheet of 8 ½ x 11 paper. Remember to add the policy number and the name of the insured on this additional sheet.
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 not to exceed 100% total for the primary section and the contingent section.
9. If no beneficiaries survive the insured, the death benefits shall be paid to insured's estate.
10. A minor (*anyone under 18 or 21 depending on your state*) 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
13. Please make sure you have your signature witnessed by another adult who is not your beneficiary. This form 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. The Home Office will mail a "Change of Beneficiary Rider" to you confirming the change(s).

THIS FORM MUST BE SIGNED AND RECEIVED BY THE HOME OFFICE TO BE VALIDATED