



REQUEST FOR SERVICE

Insured Member: _____ Certificate #: _____ Date: _____

Owner (if other than insured): _____ Phone #: _____ Assembly #: _____

Social Security #: _____ Address: _____

CHANGE OF BENEFICIARY:

I hereby revoke existing settlement agreements, if any, and request the NSS to change the beneficiary under the above numbered certificate as follows:

The beneficiary(ies) for this certificate shall be:

Primary: _____
(Full Name) (Relationship) (Date of Birth) (Social Security #)

Address: _____
(Amount, \$ or %)

Primary: _____
(Full Name) (Relationship) (Date of Birth) (Social Security #)

Address: _____
(Amount, \$ or %)

If the primary beneficiary(ies) perishes, the death benefit will be paid to the person(s) named as the contingent beneficiary.

Contingent: _____
(Full Name) (Relationship) (Date of Birth) (Social Security #)

Address: _____
(Amount, \$ or %)

Contingent: _____
(Full Name) (Relationship) (Date of Birth) (Social Security #)

Address: _____
(Amount, \$ or %)

If you wish to list additional primary or contingent beneficiaries, please complete on a separate sheet of paper.

SIGN HERE FOR ABOVE REQUEST

I direct that any amendment of the certificate requested above take effect on the date this request is signed, but without any liability to the NSS on account of payment or action taken by it before this request was acknowledged by the NSS. I agree that the NSS may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

The undersigned agrees to the above requests and changes: _____
Signature of Owner

Signature of Assignee (if any) Signature of Owner's Wife or Husband
(If resident of community property state) Signature of Irrevocable Beneficiary

FOR HOME OFFICE USE ONLY – ACKNOWLEDGEMENT OF REQUEST FOR CHANGE – PLEASE ATTACH TO POLICY
National Slovak Society has recorded the change requested and retained the original request.

Dated at McMurray, PA on: _____ / _____ / 20____ By: _____
National Secretary - Treasurer

Insured Member: _____ Certificate #: _____ Date: _____

Owner (if other than insured): _____ Phone #: _____ Assembly #: _____

Social Security #: _____ Address: _____

NAME CHANGE: Insured Member Owner

From: _____ To: _____
(Former Name – Please Print) (New Name – Please Print)

Reason for Change: _____
(If reason is other than correction, marriage or divorce, attach copy of legal document)

TRANSFER OF OWNERSHIP:

I request that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner named below, and the executors, administrators and assigns, or successors and assigns, of such new owner. The Fraternal rights and privileges of membership are personal to the Insured and shall not insure to any assignee.

New Owner	Date of Birth	Social Security #	Relationship to Insured
Address			Phone #

REQUEST FOR DUPLICATE POLICY:

I hereby certify that the above numbered certificate issued by the National Slovak Society has been lost, destroyed or stolen and request the issuance of a duplicate of said certificate.

I further declare that the said policy is not subject to any assignment or transfer to any person or party, either as security for a debt, or for any other purpose, or by reason of any bankruptcy or insolvency proceedings, except: _____

Should the original policy be found or in any way come into my possession, I will return or cause the same to be returned to the National Slovak Society, its successors or assigns. It is understood and agreed that the original certificate shall become null and void immediately upon issuance of the duplicate certificate herein requested. I also agree that if duplicate forms of this lost policy are not available, I will accept a Certificate of Issuance.

_____ By placing my initials here, I have read, understand and agree to the above and am requesting a duplicate policy certificate.

SIGN HERE FOR ABOVE REQUEST

I direct that any amendment of the certificate requested above take effect on the date this request is signed, but without any liability to the NSS on account of payment or action taken by it before this request was acknowledged by the NSS. I agree that the NSS may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

The undersigned agrees to the above requests and changes: _____
Signature of Owner

Signature of Assignee (if any)	Signature of Owner's Wife or Husband <small>(If resident of community property state)</small>	Signature of Irrevocable Beneficiary
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FOR HOME OFFICE USE ONLY – ACKNOWLEDGEMENT OF REQUEST FOR CHANGE – PLEASE ATTACH TO POLICY
 National Slovak Society has recorded the change requested and retained the original request.

Dated at McMurray, PA on: _____ / _____ / 20_____ By: _____
National Secretary - Treasurer