



## REQUEST FOR SERVICE

_____		_____	_____
Insured Member		Date	Certificate #
_____		_____	_____
Owner (if other than insured)		Phone #	Social Security #
_____			
Street			
_____		_____	_____
City	State	Zip	Email

**NAME CHANGE:** From: \_\_\_\_\_ To: \_\_\_\_\_  
 (Former Name – Please Print) (New Name – Please Print)

Insured Member Reason for Change: \_\_\_\_\_  
 Owner (If reason is other than correction, marriage or divorce, attach copy of legal document)

**ADDRESS CHANGE:** \_\_\_\_\_  
 New Street Name

Insured Member \_\_\_\_\_  
 Owner City State Zip

**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 CERTIFICATE OF ISSUANCE:** I hereby certify that the above numbered certificate issued by the National Slovak Society of the USA (NSS Life) has been lost, destroyed or stolen and request a Certificate of Issuance of said policy. 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 NSS, its successors or assigns. It is understood and agreed that the original certificate shall become null and void immediately upon release of the Certificate of Issuance 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 Certificate of Issuance.

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

**FOR HOME OFFICE USE ONLY – ACKNOWLEDGEMENT OF REQUEST FOR CHANGE – PLEASE ATTACH TO POLICY**  
 The National Slovak Society of the USA (NSS Life) has recorded the change requested and retained the original request.

Dated at McMurray, PA on: \_\_\_\_\_ By: Secretary-Treasurer/CFO \_\_\_\_\_