



REQUEST FOR BENEFICIARY CHANGE

Insured Member	Date	Certificate #
Owner (if other than insured)	Phone #	Social Security #
Street <input type="checkbox"/> New Address		
City	State	Zip
Email		

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

1)	Full Name	Relationship	Date of Birth	Social Security #	Amount	%	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Address							
2)	Full Name	Relationship	Date of Birth	Social Security #	Amount	%	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Address							
3)	Full Name	Relationship	Date of Birth	Social Security #	Amount	%	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Address							
4)	Full Name	Relationship	Date of Birth	Social Security #	Amount	%	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Address							

List any additional beneficiaries in the spaces provided on the back of this form.

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

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 Assignee (if any)	Signature of Owner
Signature of Owner's Wife or Husband (If resident of community property state)	Signature of Irrevocable Beneficiary
	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 Canonsburg, PA on: _____ By: _____
Secretary-Treasurer/CFO

By placing my initials here, I agree to include the following beneficiary(ies) under Certificate # _____ in
_____ conjunction with the beneficiaries located on Page 1.

- 5) _____ % Primary
Full Name Relationship Date of Birth Social Security # Amount Contingent

Address
- 6) _____ % Primary
Full Name Relationship Date of Birth Social Security # Amount Contingent

Address
- 7) _____ % Primary
Full Name Relationship Date of Birth Social Security # Amount Contingent

Address
- 8) _____ % Primary
Full Name Relationship Date of Birth Social Security # Amount Contingent

Address
- 9) _____ % Primary
Full Name Relationship Date of Birth Social Security # Amount Contingent

Address
- 10) _____ % Primary
Full Name Relationship Date of Birth Social Security # Amount Contingent

Address
- 11) _____ % Primary
Full Name Relationship Date of Birth Social Security # Amount Contingent

Address
- 12) _____ % Primary
Full Name Relationship Date of Birth Social Security # Amount Contingent

Address
- 13) _____ % Primary
Full Name Relationship Date of Birth Social Security # Amount Contingent

Address
- 14) _____ % Primary
Full Name Relationship Date of Birth Social Security # Amount Contingent

Address
- 15) _____ % Primary
Full Name Relationship Date of Birth Social Security # Amount Contingent

Address