NSS Life®
Family Matters...

REQUEST FOR BENEFICIARY CHANGE

Insured Member _____ Date _____ Certificate # _____

Owner (if other than insured) _____ Phone # _____ Social Security # _____

Street _____ ☐ 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 _____% ☐ Primary ☐ Contingent

Address _____

2) Full Name _____ Relationship _____ Date of Birth _____ Social Security # _____ Amount _____% ☐ Primary ☐ Contingent

Address _____

3) Full Name _____ Relationship _____ Date of Birth _____ Social Security # _____ Amount _____% ☐ Primary ☐ Contingent

Address _____

4) Full Name _____ Relationship _____ Date of Birth _____ Social Security # _____ Amount _____% ☐ Primary ☐ 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