NSS Life
Family Matters...

REQUEST FOR SERVICE

Insured Member | Date | Certificate #

Current 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
☐ Owner

Reason for Change: _____

(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.

Current Owner _____

New Owner | Date of Birth | Social Security # | Relationship to Insured

Address | Phone #

Signature of New Owner _____

☐ **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 Current 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 Canonsburg, PA on: _____ By: Secretary-Treasurer/CFO _____