



REQUEST FOR SERVICE

Assembly #: _____ Certificate #: _____ Date ____ / ____ / 20 ____

Insured Member _____ Owner (if other than insured) _____ Phone (____) ____ - ____

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 policy as follows:

The beneficiary(ies) for this certificate shall be:

Primary: _____
(Full Name) (Relationship) (Amount \$ or %)

Address: _____

Primary: _____
(Full Name) (Relationship) (Amount \$ or %)

Address: _____

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) (Amount \$ or %)

Address: _____

Contingent: _____
(Full Name) (Relationship) (Amount \$ or %)

Address: _____

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 Owners' 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 ____ / ____ / 20 ____

BY _____

National Secretary - Treasurer

REQUEST FOR SERVICE

Assembly #: _____ Certificate #: _____ Date ____ / ____ / 20 ____

Insured Member _____ Owner (if other than insured) _____ Phone (____) ____ - ____

Social Security #: _____ - _____ - _____ Address _____

NAME CHANGE:

_____ INSURED MEMBER

_____ OWNER

From _____
(Former Name - Please Print)To _____
(New Name - Please Print)

Reason for Change _____

If reason 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 inure to any assignee.

New Owner

Social Security #

Relationship to Insured

Address

(____) ____ - ____

Phone

_____ Request for Duplicate Policy

_____ Request for Certificate of Coverage

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.

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 Owners' 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

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Dated at McMurray, PA ____ / ____ / 20 ____

By _____
National Secretary - Treasurer