



AFFIDAVIT IN CASE OF LOSS OR DESTRUCTION OF A CERTIFICATE

Instructions: Please complete sections 1 thru 5. This form cannot be used for Surrenders (refer to form A012-1048-SUR).

In order to issue a Duplicate Certificate, this form must be completed, signed personally by you, and your signature should be authenticated by a Notary Public. Changes of Beneficiary can also be made on this form, by entering the full name and relationship of the Primary Beneficiary(ies) and/or the Contingent Beneficiary(ies) in the third section. If additional room is needed, please attach a separate sheet of paper with their name(s), relationship, and address.

Upon receipt of this properly completed Affidavit, the Duplicate Certificate will be issued accordingly.

If you have any questions, or for additional information, please contact us at ☎ **1-800-772-8632** or visit our website at 🌐 www.prcua.org.

1. INSURED/ANNUITANT INFORMATION

| | |
|--|------------|
| CERTIFICATE | \$ |
| FIRST (MI) LAST NAME | FACE VALUE |
| STREET ADDRESS / CITY, STATE, ZIP CODE | |

2. CURRENT BENEFICIARY INFORMATION

Being first duly sworn on oath deposes and states that they are a member, in good standing, of the Polish Roman Catholic Union of America, a Corporation, and that their above-described certificate is payable upon the death of this affiant to their beneficiary(ies):

| | |
|--|--|
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT; BENEFICIARY FULL NAME/RELATIONSHIP | <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT; BENEFICIARY FULL NAME/RELATIONSHIP |
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT; BENEFICIARY FULL NAME/RELATIONSHIP | <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT; BENEFICIARY FULL NAME/RELATIONSHIP |
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT; BENEFICIARY FULL NAME/RELATIONSHIP | <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT; BENEFICIARY FULL NAME/RELATIONSHIP |

This affiant further states that they have made a diligent search for the herein above-described certificate, issued to them as aforesaid by the Polish Roman Catholic Union of America; that the same cannot be found and that this affiant verily believes said certificate has been lost or destroyed.

3. NEW BENEFICIARY INFORMATION

Affiant therefore makes this Affidavit and requests that Secretary-Treasurer of the Polish Roman Catholic Union of America to issue a new certificate for the same amount and to designate the following as their sole beneficiary(ies) therein:

PRIMARY CONTINGENT (Beneficiary Full Name/Relationship/Address)

(continued on next page)

3. NEW BENEFICIARY INFORMATION

(continued from page 1)


PRIMARY CONTINGENT (Beneficiary Full Name/Relationship/Address)

PRIMARY CONTINGENT (Beneficiary Full Name/Relationship/Address)

PRIMARY CONTINGENT (Beneficiary Full Name/Relationship/Address)

This Affidavit is also to be considered as a release of all claims of affiant in said lost or destroyed certificate, and the Polish Roman Catholic Union of America, a Corporation, of any and all liability thereunder.

4. SIGNATURES


SIGNATURE OF APPLICANT/OWNER

STREET ADDRESS / CITY, STATE, ZIP CODE

STATE COUNTY DATE – (MONTH/DAY/YEAR)

I, a Notary Public in and for the County in the State aforesaid, do hereby certify that on this date, the above person appeared before me and that they signed and delivered the aforesaid request for the uses and purposes therein set forth as their free and voluntary act.

SEAL:


SIGNATURE OF NOTARY PUBLIC

5. ADDITIONAL INFORMATION

Please mail all pages of this completed form to:

SECRETARY-TREASURER DEPARTMENT
POLISH ROMAN CATHOLIC UNION OF AMERICA
984 N MILWAUKEE AVE
CHICAGO, IL 60642-4101

INTERNAL OFFICE USE ONLY

PROCESSED BY: (PLACE DEPARTMENT RECEIVED STAMP BELOW)

PERSONNEL

DATE