



AFFIDAVIT IN CASE OF LOSS OR DESTRUCTION OF A CERTIFICATE FOR SURRENDER

Instructions: Please complete sections 1 thru 3.

In order to continue with an Annuity Transfer or Life Insurance Cash Surrender when an Original Certificate is lost or destroyed, this form must be completed, signed personally by you, and your signature should be authenticated by a Notary Public.

Upon receipt of this properly completed Affidavit, and all required documents, the Transfer or Surrender will be processed 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

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.

_____ \$ _____
CERTIFICATE FACE VALUE

FIRST (MI) LAST NAME

STREET ADDRESS / CITY, STATE, ZIP CODE

TAX IDENTIFICATION NUMBER (SSN/TIN)

PHONE NUMBER

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.

2. 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

3. ADDITIONAL INFORMATION

Please mail 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