

BENEFICIARY CHANGE TO TRUSTEE

Instructions:

In order to prevent any delays in processing, please complete sections 1 and 3. We must have the following:

- ✓ The date of the Trust on the form
- ✓ A copy of the Trust Agreement or FIRST and LAST pages of Agreement (wherein all signatures are Notarized, as well as the portion that pertains to Life Insurance, and the portion that pertains to the names of your co-trustees successor-trustees)
- ✓ Your Social Security Number on the Form

Upon receipt of the properly completed form, the change will be documented on our records, and a copy of the endorsed form will be returned to you, so that you can attach this form to your Certificate of Insurance.

THIS CHANGE TO TRUSTEE AS PRIMARY/CONTINGENT BENEFICIARY FORM MUST BE COMPLETED, SIGNED IN THE PRESENCE OF A NOTARY PUBLIC, AND RETURNED TO OUR OFFICE TO PREVENT ANY DELAYS IN PROCESSING.

DO NOT SEND THE CERTIFICATE WITH THIS FORM.

Beneficiary Change to Trustee

If you have any questions, or for additional information, please contact us at 2 1-800-772-8632 or visit our website at www.prcua.org.

1. INSURED/ANNUITANT INFORMATION				
FIRST (MI) LAST NAME	Certificate	SOCIETY	ROSTER (LIFE ONLY)	
STREET ADDRESS / CITY, STATE, ZIP CODE				
•			•	
TAX IDENTIFICATION NUMBER (SSN/TIN)		PHONE NUMBER		
The undersigned Certificate Owner hereby re of settlement with respect to any death benef Any such proceeds shall be paid in one sum to	it proceeds payable at the dea	ath of the Insured.		
Name Of Trust				
ofCITY, STATE, ZIP CODE		•		
Trustee(s) or any successor(s) in trust under w	_	rh/Day/Year)		
and any amendments thereto, as:	PRIMARY CONTINGEN	IT		

(continued on next page)

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POLISH ROMAN CATHOLIC UNION OF AMERICA

Beneficiary Change to Trustee

984 N Milwaukee Ave • Chicago IL • 60642-4101

1. INSURED/ANNUITANT INFORMATION

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If, before payment of the death proceeds, the Insured/Annuitant receives proof satisfactory to it that the trust has been revoked or is not in effect at the death of the Insured/Annuitant, the death proceeds shall be paid in one sum to the Owner, his assigns or legal representative.

All rights of ownership in the Certificate (Policy) are retained by the Owner, including the right to change further the beneficiary of the Certificate (Policy) without consent of any such beneficiary.

The Insurer shall not be obligated to inquire into the terms of the trust and it will be fully discharged from all liability after payment of the death proceeds by the Insurer under the Certificate (Policy) as provided herein.

2. SIGNATURE	S		
_			
SNATURE OF OWNER	D		
SNATORE OF OWNER	n.		
ATE	COUNTY		Date – (Month/Day/Year)
opeared before			d, do hereby certify that on this date, the above person resaid request for the uses and purposes therein set forth
s then hee and	voluntary act.	9	SEAL:
<u> </u>			
GNATURE O F N OTAR	Y PUBLIC		
B. ADDITIONA	AL INFORMATION	N	
ease man an a	ppropriate pages t		
		SECRETARY-TREASURE	
		Polish Roman Catholic 984 N Milwai	
		CHICAGO, IL 606	
		·	
		INTERNAL OFFIC	CE USE ONLY
PROCESSED BY	:		(PLACE DEPARTMENT RECEIVED STAMP BELOW)
PERSONNEL	D	DATE	
			•
		of America has recorded inal request in the office. Seal	
SECRETARY-TREA	SLIRER D	DATE	