



# BENEFICIARY DESIGNATION - CHANGE OF NAME

## Instructions:

### For Beneficiary Designation:

- ✓ Please complete sections 1, 2, 4, and 5.
- ✓ The full name and relationship of the primary and/or contingent beneficiary(ies) must be entered in the second section. If additional space for names is needed, please include a separate sheet of paper with the form.
- ✓ Date of Birth and Social Security Numbers are also **required** for all Beneficiaries.

### For Beneficiary - As A Trust Designation:

- ✓ Please complete sections 1, 2, 4, and 5.
- ✓ The date of the Trust must be entered on the form.
- ✓ Please mail with this form, all pages of the Trust Agreement; **or all of the following:**
  1. First and last pages of Agreement (wherein all signatures are Notarized)
  2. Include section with Name and Date of Trust
  3. The portion that pertains to Life Insurance; and
  4. The portion that pertains to the names of your co-trustees; successor-trustees
- ✓ Your Tax ID Number (TIN) on the Form.

### For Change of Name:

- ✓ Please complete sections 1, 3, 4, and 5. Sign with your new name.

**CHANGE OF BENEFICIARY/CHANGE OF NAME ONLY:** It is **necessary** that only your signature (as you are signing this form), on the third page, be witnessed in the presence of a Notary Public, that is not related to you or your beneficiaries (the Notary's Seal and the date their commission expires must be stamped on the form in order for the document to be duly recognized).

Original of this document will remain in members file in the home office. Copy bearing Secretary-Treasurer's signature and PRCUA's official seal will be returned to member and should be firmly attached to Insurance Certificate. **DO NOT SEND THE CERTIFICATE WITH THIS FORM.**

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](http://www.prcua.org).

## 1. INSURED/ANNUITANT INFORMATION

\_\_\_\_\_  
FIRST (MI) LAST NAME

\_\_\_\_\_  
CERTIFICATE

\_\_\_\_\_  
DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
PHONE NUMBER

## 2. BENEFICIARY INFORMATION

The undersigned Certificate Owner hereby revokes any and all previous beneficiary designations and any optional mode of settlement with respect to any death benefit proceeds payable at the death of the Insured. Any such proceeds shall be paid to the following:

①  INDIVIDUAL or  TRUST : as  PRIMARY  CONTINGENT  SUCCESSOR CONTINGENT

\_\_\_\_\_  
TAX IDENTIFICATION NUMBER (SSN/TIN)

\_\_\_\_\_  
DATE OF BIRTH/TRUST (MM/DD/YYYY)

\_\_\_\_\_  
FIRST (MI) LAST NAME - OR - NAME OF TRUST

\_\_\_\_\_  
RELATIONSHIP, IF NOT TRUST

\_\_\_\_\_  
STREET ADDRESS / CITY, STATE, ZIP

2. BENEFICIARY INFORMATION

(continued from page 1)

2  INDIVIDUAL or  TRUST : as  PRIMARY  CONTINGENT  SUCCESSOR CONTINGENT

TAX IDENTIFICATION NUMBER (SSN/TIN) DATE OF BIRTH/TRUST (MM/DD/YYYY)

FIRST (MI) LAST NAME - OR - NAME OF TRUST RELATIONSHIP, IF NOT TRUST

STREET ADDRESS / CITY, STATE, ZIP

3  INDIVIDUAL or  TRUST : as  PRIMARY  CONTINGENT  SUCCESSOR CONTINGENT

TAX IDENTIFICATION NUMBER (SSN/TIN) DATE OF BIRTH/TRUST (MM/DD/YYYY)

FIRST (MI) LAST NAME - OR - NAME OF TRUST RELATIONSHIP, IF NOT TRUST

STREET ADDRESS / CITY, STATE, ZIP

4  INDIVIDUAL or  TRUST : as  PRIMARY  CONTINGENT  SUCCESSOR CONTINGENT

TAX IDENTIFICATION NUMBER (SSN/TIN) DATE OF BIRTH/TRUST (MM/DD/YYYY)

FIRST (MI) LAST NAME - OR - NAME OF TRUST RELATIONSHIP, IF NOT TRUST

STREET ADDRESS / CITY, STATE, ZIP

5  INDIVIDUAL or  TRUST : as  PRIMARY  CONTINGENT  SUCCESSOR CONTINGENT

TAX IDENTIFICATION NUMBER (SSN/TIN) DATE OF BIRTH/TRUST (MM/DD/YYYY)

FIRST (MI) LAST NAME - OR - NAME OF TRUST RELATIONSHIP, IF NOT TRUST

STREET ADDRESS / CITY, STATE, ZIP

6  INDIVIDUAL or  TRUST : as  PRIMARY  CONTINGENT  SUCCESSOR CONTINGENT

TAX IDENTIFICATION NUMBER (SSN/TIN) DATE OF BIRTH/TRUST (MM/DD/YYYY)

FIRST (MI) LAST NAME - OR - NAME OF TRUST RELATIONSHIP, IF NOT TRUST

STREET ADDRESS / CITY, STATE, ZIP

7  INDIVIDUAL or  TRUST : as  PRIMARY  CONTINGENT  SUCCESSOR CONTINGENT

TAX IDENTIFICATION NUMBER (SSN/TIN) DATE OF BIRTH/TRUST (MM/DD/YYYY)

FIRST (MI) LAST NAME - OR - NAME OF TRUST RELATIONSHIP, IF NOT TRUST

STREET ADDRESS / CITY, STATE, ZIP

2. BENEFICIARY INFORMATION

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8  INDIVIDUAL or  TRUST : as  PRIMARY  CONTINGENT  SUCCESSOR CONTINGENT

TAX IDENTIFICATION NUMBER (SSN/TIN) DATE OF BIRTH/TRUST (MM/DD/YYYY)

FIRST (MI) LAST NAME - OR - NAME OF TRUST RELATIONSHIP, IF NOT TRUST

STREET ADDRESS / CITY, STATE, ZIP

Special requests for Beneficiary distribution:

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 are retained by the Owner, including the right to change further the beneficiary of the Certificate 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 as provided herein.

3. CHANGE OF NAME

THIS SECTION IS TO BE COMPLETED ONLY IF THERE HAS BEEN A CHANGE OF NAME (by marriage, court order, adoption, etc.)

I, the applicant/member/owner, authorize the Polish Roman Catholic Union of America to change the name of the said Insured Certificate to my present legal name:

, and direct that such name be entered on Home Office Records.

4. SIGNATURES

I hereby waive any requirement that the Change of Beneficiary be endorsed on the certificate by the Secretary-Treasurer, and in lieu of such endorsement, I direct that the Change of Beneficiary be endorsed on the Beneficiary Record in the files of the PRCUA and that a copy of this Beneficiary Change be returned to me approved by the Secretary-Treasurer. I understand that this request for Change of Beneficiary will take effect as of the date this request is received by the Home Office and that the Change of Beneficiary as noted herein and on the PRCUA Record shall be final unless revoked in the future by another request for Change of Beneficiary.

SIGNATURE OF APPLICANT/MEMBER/OWNER

DATE OF SIGNATURE - (MONTH/DAY/YEAR)

SIGNATURE OF JOINT OWNER

DATE OF SIGNATURE - (MONTH/DAY/YEAR)

4. SIGNATURES

(continued from page 3)

NOTE: Notary Public signature required only for Change of Beneficiary(ies) and/or Change of Name.

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 \_\_\_\_\_

The Polish Roman Catholic Union of America has recorded the change and retained the Original request in the office.

Seal

SECRETARY-TREASURER \_\_\_\_\_

DATE \_\_\_\_\_