



PROOF OF HEIRSHIP

Instructions:

This document enables the Polish Roman Catholic Union of America to identify death claim payees if all named beneficiaries of a certificate did not survive the insured.

The Affiant (individual completing this form) should complete sections 1 thru 6. 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.

This Proof of Heirship form must be completed, signed before a Notary Public, and returned to our office. Please include a Certified Death Certificate for all named beneficiaries. Upon receipt of these documents, the claim will be processed and payment(s) will be made accordingly.

1. VENUE

STATE OF _____
 COUNTY OF _____

} SS.

2. AFFIANT INFORMATION

_____ on oath deposes and says: I am of legal age, I reside at
 FIRST (MI) LAST NAME

 STREET ADDRESS / CITY, STATE, ZIP CODE

_____. I am a _____, or I am not
 PHONE NUMBER RELATIONSHIP TO INSURED

related to the insured, but have knowledge of the insured's heirship as a result of the following:

3. SUIVOR(S) OF INSURED/ANNUITANT

Unless otherwise specifically provided in the member's certificate or the **STATE OF PROVINCE LAWS** to which such certificate is subject, if the death of a beneficiary designated by name in a certificate shall occur prior to the death of a member or if the beneficiary caused the death of the member, the amount payable to such beneficiary shall be payable in equal shares to the surviving beneficiaries designated by name in such certificate but if no designated beneficiary survives the member, then death benefit shall be payable to the persons of the class and in the order mentioned in the following classes, the persons of one class sharing such amount equally to the exclusion of the classes following:

- ① insured's living husband or wife;
- ② insured's living children (natural or by legal adoption);
- ③ insured's living grandchildren (natural or legal adoption);
- ④ insured's living parents;
- ⑤ insured's living brothers and sisters;
- ⑥ insured's living nephews and nieces (natural or legal adoption)

3. SURVIVOR(S) OF INSURED/ANNUITANT

(continued from page 1)

If there are no persons surviving the deceased member who are included in the above classes, then the benefit shall be payable to the **estate** of the member or to such persons as the law may permit, in which case we must be provided with **Letters Of Administration or the letters testamentary appointing the administrator or executor of the estate.**

PLEASE PRINT IN CAPITAL LETTERS

Name	Relationship	Age	Street Address, City-State	Zip Code	Phone No.

4. INSURED/ANNUITANT INFORMATION

A. The insured, _____ died in _____, on
FIRST (MI) LAST NAME CITY, STATE

_____, at the age of _____.
DATE OF DEATH - (MONTH/DAY/YEAR) YEARS

B. The insured was a member of the Polish Roman Catholic Union of America and was insured for
 \$ _____ under _____.
FACE VALUE CERTIFICATE

C. The insured designated, in said certificate, as beneficiary(ies), the following, who has or have died prior to the death of the insured as set forth in the certified copies of the official death certificate(s) attached hereto and as a consequence thereof there are no designated beneficiary or beneficiaries surviving the insured:

(continued on next page)

4. INSURED/ANNUITANT INFORMATION (continued from page 2)

(Beneficiary Full Name/Relationship)

- PRIMARY CONTINGENT _____
- PRIMARY CONTINGENT _____
- PRIMARY CONTINGENT _____
- PRIMARY CONTINGENT _____
- PRIMARY CONTINGENT _____
- PRIMARY CONTINGENT _____
- PRIMARY CONTINGENT _____
- PRIMARY CONTINGENT _____
- PRIMARY CONTINGENT _____

5. SIGNATURES

 _____
SIGNATURE OF AFFIANT

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

6. ADDITIONAL INFORMATION

Please mail all pages of this completed form to:

CLAIM 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 _____