



REQUEST FOR TRANSFER OF OWNERSHIP

Instructions:

Please complete sections 1 thru 4. 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 TRANSFER OF OWNERSHIP FORM MUST BE COMPLETED, SIGNED IN THE PRESENCE OF A NOTARY PUBLIC, AND RETURNED TO OUR OFFICE TO PREVENT ANY DELAYS IN PROCESSING.

1. INSURED/ANNUITANT INFORMATION

CERTIFICATE

INSURED'S FIRST (MI) LAST NAME

If other than insured: Applicant Owner Joint Owner Trust

FIRST (MI) LAST NAME - OR - NAME AND DATE OF TRUST

I request that all benefits, rights and privileges incident to ownership of the certificate be vested in the new owner named below, and the executors, administrators and assigns, or successors and assigns, of such new owner.

2. NEW OWNER INFORMATION

Please choose one:

- APPLICANT (FOR JUVENILE ONLY; OWNERSHIP RIGHTS WILL BE TRANSFERRED TO THE INSURED AT AGE 16) OWNER JOINT OWNER
- SUCCESSOR OWNER (AFTER THE DEATH OF OWNER OR SETTLEMENT OF TRUST) TRUST (COPY OF TRUST PAGES)

FIRST (MI) LAST NAME – OR – NAME OF TRUST

STREET ADDRESS / CITY, STATE, ZIP CODE

TAX IDENTIFICATION NUMBER (SSN/TIN)

RELATIONSHIP TO INSURED

NEW OWNERS DATE OF BIRTH – (MONTH/DAY/YEAR)

PHONE NUMBER

DATE OF TRUST – (MONTH/DAY/YEAR)

3. SIGNATURES

I direct that any amendment of the Certificate requested above take effect on the date this request is signed, but without any liability to the Union on account of payment made or action taken by it before this request was acknowledged by the Union. I agree that the Union may waive any Certificate provision requiring presentation of the Certificate for endorsement, but may require such presentation if desired. The undersigned agrees to the above requests and changes:

 _____
SIGNATURE OF PREVIOUS OWNER (FROM SECTION 1)

DATE – (MONTH/DAY/YEAR)

(continued on next page)

3. SIGNATURES (continued from page 1)

SIGNATURE OF NEW OWNER/APPLICANT (SUCCESSOR OWNER OR TRUST)(FROM SECTION 2) DATE - (MONTH/DAY/YEAR)

SIGNATURE OF JOINT OWNER DATE - (MONTH/DAY/YEAR)

CERTIFICATION OF NOTARY PUBLIC

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.

SIGNATURE OF NOTARY PUBLIC FOR PREVIOUS OWNER (FROM SECTION 1) Seal:

SIGNATURE OF NOTARY PUBLIC FOR NEW OWNER (FROM SECTION 2) Seal:

SIGNATURE OF NOTARY PUBLIC FOR JOINT OWNER Seal:

4. 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