PLEASE PRINT

REQUEST FOR CHANGE OF BENEFICIARY (PAYEE)

Polish National Alliance
6100 N. Cicero Ave., Chicago, IL 60646-4386
Phone 1-800-621-3723

STEP 1

Insured's Name: _____ **Policy Number(s):** _____

Social Security #: _____ **Date of Birth:** _____

STEP 2

PRIMARY BENEFICIARY(IES) – *If more than two Primary Beneficiaries, please use a separate sheet of paper and attach to this form.*

NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP	CITY / STATE / ZIP
SOCIAL SECURITY # DATE OF BIRTH RELATI ONSHIP	SOCIAL SECURITY # DATE OF BIRTH RELATIONSHIP

STEP 3

CONTINGENT BENEFICIARY(IES) – *If more than two Contingent Beneficiaries, please use a separate sheet of paper and attach to this form.*

NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP	CITY / STATE / ZIP
SOCIAL SECURITY # DATE OF BIRTH RELATIONSHIP	SOCIAL SECURITY # DATE OF BIRTH RELATIONSHIP

STEP 4

IMPORTANT NOTE FOR MINOR CHILDREN DESIGNATED ABOVE:

Proceeds cannot be paid directly to a minor beneficiary. Proceeds can, however, be paid to an adult custodian for such minor beneficiary designated by the owner under the Illinois Uniform Transfers to Minors Act. (See instructions)

I designate _____
NAME ADDRESS DATE OF BIRTH SOCIAL SECURITY # (REQUIRED)

as Custodian of the funds payable to each minor child named above, under the Illinois Uniform Transfers to Minors Act.

BY THIS REQUEST I HEREBY CANCEL ALL PRIOR BENEFICIARY (PAYEE) DESIGNATIONS AND SETTLEMENT PROVISIONS ON THIS POLICY.

NOTICE: TO ALL PARTIES COMPLETING THIS FORM: It is fraudulent to fill out this form with information you know to be false or knowingly omit important facts. Criminal and/or civil penalties may result from such acts.

STEP 5

SIGNATURES

Signature of Policy Owner X _____

Signature of Joint Owner X _____ (If applicable)

Date Signed _____

Signed at _____
CITY STATE

Owner's Address _____

Owner's Daytime Phone (_____) _____

FOR POLISH NATIONAL ALLIANCE USE ONLY

This request is accepted on _____ By _____
MONTH DAY YEAR

On behalf of Polish National Alliance

REMARKS _____

Return both copies. Once accepted by the PNA you will be mailed a copy for your records.

THE POLICY OWNER SHOULD FOLLOW THE STEPS BELOW:

Step 1: Fill in the insured's name, social security number and date of birth. Then, list the policy number on which you want to make the beneficiary designations.

Step 2: Complete the primary beneficiary section by printing **or typing** all the requested information. If additional space is needed, please use a separate sheet of paper and attach it to the Request for Change of Beneficiary form.

Note: Unless you specify otherwise, if there is more than one primary beneficiary named, each such person will receive equal shares. Please use percentages (%). **Do not use dollar amounts.**

Step 3: Complete the contingent beneficiary section by **printing or typing** all the requested information. The contingent beneficiary is the person(s) who would receive the proceeds if the primary beneficiary(ies) could not. If no contingent beneficiary is designated, and if we are unable to pay the primary beneficiary (because, for example, the primary beneficiary died before the insured), the proceeds will be payable to the insured's estate.

If you are only making a change to the contingent beneficiary, please "re-name" the primary beneficiary because acceptance of the change by Polish National Alliance cancels all prior designations.

Note: Unless you specify otherwise, if there is more than one contingent beneficiary named, each such person will receive equal shares. Please use percentages (%). **Do not use dollar amounts.**

Step 4: If you designate a minor beneficiary in Step 2 or Step 3 above, you should designate an adult custodian to receive the proceeds on behalf of the child. Should you die while the child is still a minor, Polish National Alliance can pay the custodian for the benefit of the child under the Illinois Uniform Transfers to Minors Act.

Step 5: The policy owner **must** sign and date the request. You should also list your address so we may send you a confirmation that the change has been accepted. Also, please provide a phone number where we can contact you if we need to obtain or clarify information.

Step 6: Mail the completed, dated and signed form to the Polish National Alliance at:

Polish National Alliance
6100 N. Cicero Ave.
Chicago, IL 60646-4386

You may also present the completed form to your Polish National Alliance representative who will forward the form for you to Polish National Alliance for approval. The requested change in the beneficiary designation will not become effective until it is approved, in writing, by the PNA Home Office. Once approved, the copy will be forwarded to you and should be kept for your records.