

PBA

Polish Beneficial Association
2595 Orthodox Street, Philadelphia, PA 19137

APPLICATION FOR:
CHANGE OF BENEFICIARY
AND/OR CHANGE OF
NAME AND/OR
DUPLICATE CERTIFICATE

GROUP # _____

Name of Insured: _____

PLEASE MAKE THE FOLLOWING CHANGES TO MY

CERTIFICATE OR CERTIFICATES #: _____

() CHANGE OF BENEFICIARY: (Note: If Trustee involved Please Contact the Home Office.)

Primary Beneficiary	Date of Birth	Relationship	Address	Phone #
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_____	_____	_____	_____	_____
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Contingent Beneficiary	Date of Birth	Relationship	Address	Phone #
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_____	_____	_____	_____	_____
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() CHANGE OF NAME: (To be completed if your name has changed) Change or correct name of insured:

From: _____ To: _____

() REQUEST FOR DUPLICATE CERTIFICATE:

I have lost the certificate(s) listed below.

Please provide me with a Duplicate Policy or Certification of coverage.

Insured: _____ Certificate(s) #: _____

SIGNATURE OF INSURED OWNER OF POLICY: _____

(If under 16, Applicants Signature)

Telephone #: _____ Social Security #: _____

Address: _____ City/State/Zip: _____

ATTESTATION: This is to certify that the above member signed this form in my presence

This _____ day of _____, 20 _____.

SIGNATURE OF GROUP SECRETARY / OR PERSON PROCESSING REQUEST: _____

IN THE EVENT THAT REQUEST IS PROCESSED BY MAIL, A NOTARY PUBLIC MUST ENDORSE FORM. NOTARY PUBLIC _____ STATE OF _____ DATE _____

COMMISSION EXPIRES: _____

Received & Recorded with the Home Office By: Approved by: _____ Date: _____