



# Ladies Pennsylvania Slovak Catholic Union

Family Life Insurance

71 S. Washington Street \* Wilkes-Barre, Pennsylvania 18701

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## CHANGE OF BENEFICIARY

\_\_\_\_\_  
Insured Member

\_\_\_\_\_  
Certificate No.

\_\_\_\_\_  
Branch No.

In accordance with the provisions of the By-Laws of the Ladies Pennsylvania Slovak Catholic Union, I hereby elect **to change the beneficiary of this certificate to:**

Name (Please print or type)	Address	Relationship	Birthdate
PRIMARY			
PRIMARY			
CONTINGENT			

By this election I revoke all other and former designations and reserve the right to make other and further changes of beneficiary at any time I may elect.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Insured Address

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Insured City/State/Zip

For Home Office Use Only

Effective \_\_\_\_\_, 2019 subject to the right of the Member to change the beneficiary in accordance with the provisions of the Member's Certificate and the By-Laws of the Union.

National Secretary-Treasurer  
Ladies Pennsylvania Slovak Catholic Union

ATTACH COPY TO CERTIFICATE