



**REQUEST FOR CHANGE OF NAME, BENEFICIARY AND/OR ADDRESS**

**THIS FORM MUST BE TYPED OR PRINTED IN INK AND SIGNATURE MUST BE WRITTEN IN FULL**

Nest: \_\_\_\_\_ Certificate No: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I do hereby authorize the Polish Falcons of America to change the following information in my Certificate referenced above.

**CHANGE OF NAME**

Former Name: \_\_\_\_\_  
 Present Name: \_\_\_\_\_  
 Present name was attained through: \_\_\_\_\_

**CHANGE OF BENEFICIARY**

The primary beneficiary shall now be: Name \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_  
 The contingent beneficiary shall now be: Name \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_

**CHANGE OF ADDRESS**

\_\_\_\_\_ Old Street Address City State  
 \_\_\_\_\_ New Street Address City State  
 \_\_\_\_\_ New Phone No.

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
 (Insured Member or Policy Owner)

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
 (Witness)

\*A signature from a witness is only needed for a change of name or for a change in beneficiary.

**ADDITIONAL BENEFICIARY INFORMATION:** (Please identify each beneficiary as either Primary or Contingent.)

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary  Contingent  (Check One) Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary  Contingent  (Check One) Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary  Contingent  (Check One) Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary  Contingent  (Check One) Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary  Contingent  (Check One) Relationship: \_\_\_\_\_

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