

POLISH WOMEN'S ALLIANCE OF AMERICA
A Fraternal Benefit Society

APPLICATION SUPPLEMENT – FLORIDA

Each Applicant for a life insurance certificate has the right to name a Secondary Addressee. The Secondary Addressee will receive a notice of any past due premium and possible lapse in the life insurance coverage.

SECONDARY ADDRESSEE. Name: _____

Address: _____

I choose not to name a Secondary Addressee.

* * * * *

Date: _____

Applicant's Signature

Agent's Signature

Agent's Name, print: _____ Florida License I.D. No.: _____