



# Polish Women's Alliance of America

## Change of Name/Beneficiary Form

6643 N Northwest Hwy. 2<sup>nd</sup> Floor  
Chicago, IL 60631  
847-384-1200  
Toll Free 888-522-1898

Name of Member		New Name (changed to):	
Group:	Certificate Number(s):		
Telephone:	E-Mail Address:	Social Security Number:	
Address:	City:	State:	Zip code:

I request P.W.A. of A. to change my beneficiary (ies) as listed below:

Primary Beneficiary:	Relationship:
Address:	
Contingent Beneficiary:	Relationship:
Address:	

I understand that with this written request, I revoke the previously designated beneficiary (if applicable), and direct the Polish Women's Alliance of America to change the beneficiary of the above-indicated Certificate(s) of Insurance.

I direct that any amendment to the Certificate requested above take effect on the date this request is accepted by the Secretary/Treasurer, but without any liability to the P.W.A. of A. on account of payment made or action taken by P.W.A. of A. before this request was processed by the P.W.A. of A. home office. I understand that P.W.A. of A. may waive any Certificate provision requiring presentation of the Certificate for endorsement, but may require such Certificate presentation if desired.

I further understand that it is my duty, after processing and recording of this request by the P.W.A. of A. home office, and after its return to me, to attach this original request form securely and permanently to my original Certificate of Insurance.

Signature of Member, Owner, or Applicant (for juvenile member):	Date:
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**ATTESTATION BY FINANCIAL SECRETARY OR CERTIFICATION BY NOTARY PUBLIC REQUIRED**

**ATTESTATION BY FINANCIAL SECRETARY:** It is hereby certified that the said member has signed the above request in my presence on \_\_\_\_\_ (date) at \_\_\_\_\_ (city), \_\_\_\_\_ (state)  
Signature of Financial Secretary \_\_\_\_\_ Group:

**OR**

**CERTIFICATION BY NOTARY PUBLIC:** (Required when Financial Secretary is not available as witness, or when members signs with a cross (x) mark).  
State and County: \_\_\_\_\_, Date: \_\_\_\_\_, I, a Notary Public, in and for the County in the State aforesaid, do hereby certify that \_\_\_\_\_, (name) personally appeared before me and acknowledged that he/she signed and delivered the aforesaid Request for the uses and purposes therein set forth as his/her free and voluntary act.

SEAL \_\_\_\_\_ Signature of Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

**Polish Women's Alliance of America has recorded the change(s) requested and retained the original request.**  
on \_\_\_\_\_ (date) at **Chicago, IL**  
By \_\_\_\_\_, Secretary/Treasurer