



PROVIDENCE ASSOCIATION

of Ukrainian Catholics in America

817 North Franklin Street, Philadelphia, PA 19123-2004

Telephone: 215-627-2445 Fax: 215-238-1933 Website: www.provassn.com

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

NAME OF INSURED: _____ BRANCH # _____

PLEASE MAKE THE FOLLOWING CHANGES TO MY CERTIFICATE(S):

Certificate Number

Certificate Number

Certificate Number

CHANGE OF BENEFICIARY

(Note: If Trustee involved please contact Home Office. For additional beneficiaries use back of form - page 2).

Primary Beneficiary

Date of Birth

Relationship

Address

City, State & Zip Code

Telephone

Contingent Beneficiary

Date of Birth

Relationship

Address

City, State & Zip Code

Telephone

CHANGE OF NAME: (To be completed if your name has changed. Please attach supporting documents)

FROM: _____ TO: _____

LOST CERTIFICATE/REQUEST FOR DUPLICATE CERTIFICATE

I no longer have the certificate(s) listed above. Please provide me with a Duplicate Policy or Certification of Coverage.

INSURED _____

SIGNATURE OF INSURED OR OWNER OF POLICY: _____
(If under 16, Owner's Signature)

Address: _____ Insured's Social Security No. _____

City/State/Zip _____ Telephone: _____

STATE/Commonwealth of _____ COUNTY OF _____

On this _____ day of _____, 20____, before me the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is signed to the foregoing instrument, and acknowledged that he executed it for the purposes therein contained.

In Witness Whereof, I have hereunto set my hand and official seal the day and year aforesaid.

[SEAL]

Branch Secretary/Notary Public

My commission expires: _____

Approved and Recorded with the Home office by: _____ Date: _____

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AND/OR LOST CERTIFICATE/REQUEST FOR DUPLICATE CERTIFICATE**

ADDITIONAL NAMES FOR CHANGE OF BENEFICIARY

Primary Beneficiary	Date of Birth	Relationship
Address	City, State & Zip Code	Telephone

Primary Beneficiary	Date of Birth	Relationship
Address	City, State & Zip Code	Telephone

Primary Beneficiary	Date of Birth	Relationship
Address	City, State & Zip Code	Telephone

Primary Beneficiary	Date of Birth	Relationship
Address	City, State & Zip Code	Telephone

Contingent Beneficiary	Date of Birth	Relationship
Address	City, State & Zip Code	Telephone

Contingent Beneficiary	Date of Birth	Relationship
Address	City, State & Zip Code	Telephone

Contingent Beneficiary	Date of Birth	Relationship
Address	City, State & Zip Code	Telephone

Contingent Beneficiary	Date of Birth	Relationship
Address	City, State & Zip Code	Telephone