



REQUEST FOR CHANGE OF OWNER

PLEASE PRINT

Polish National Alliance
6100 N. Cicero Ave., Chicago, IL 60646-4386

Phone 1-800-621-3723

STEP 1

INSURED'S NAME: _____ POLICY NUMBER(S): _____
SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

STEP 2

New Owner Information		New Contingent Owner Information	
NAME		NAME	
DATE OF BIRTH	RELATIONSHIP	DATE OF BIRTH	RELATIONSHIP
STREET ADDRESS		STREET ADDRESS	
CITY / STATE / ZIP		CITY / STATE / ZIP	
SOCIAL SECURITY #		SOCIAL SECURITY #	
DAY TIME PHONE NUMBER ()		DAY TIME PHONE NUMBER ()	
NEW OWNER'S SIGNATURE X		NEW CONTINGENT OWNER'S SIGNATURE X	

NOTICE TO ALL PARTIES COMPLETING THIS FORM: It is fraudulent to fill out this form with information you know to be false or knowingly omit important facts. Criminal and/or Civil Penalties may result from such acts.

STEP 3

CURRENT OWNER APPROVAL

BY THIS REQUEST I HEREBY CANCEL ALL PRIOR OWNER DESIGNATIONS ON ALL POLICIES SHOWN ABOVE.

SIGNATURE OF CURRENT OWNER **X** _____

DATE _____ SIGNED AT _____ CITY _____ STATE _____

DAY TIME PHONE NUMBER (_____) _____

SPECIAL INSTRUCTIONS _____

FOR POLISH NATIONAL ALLIANCE USE ONLY

This request is accepted on _____ MONTH _____ DAY _____ YEAR By _____
On behalf of Polish National Alliance

REMARKS _____

