



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 _____ By _____
MONTH DAY YEAR

On behalf of Polish National Alliance

REMARKS _____

NOTE: DO NOT DETACH BACK COPY FROM ORIGINAL

Return both copies. Once accepted by the PNA you will be mailed a copy for your records.

Please read carefully!

IMPORTANT INSTRUCTIONS FOR COMPLETING AN OWNER CHANGE

It is important to you as the owner of the policy – and to us – that your request for changing the policy owner be handled exactly the way you intended it to be.

By changing the owner of the policy, all contract rights, including the right to change the beneficiary or owner, assign the contract and elect options, will be rights that only the new owner may exercise. By signing this change, and upon approval by us, you are giving up those rights. Also, certain contract rights may be subject to the interest of a creditor, assignee (if the assignment is filed), or an irrevocable beneficiary.

We have tried to make changing the owner as easy as possible. Simply follow these steps:

Step One: Print insured's name (usually, but not always, the insured and the owner are one and the same) and then list the policy number of the policy on which you want to make a change of owner. This form can be used to designate the same new owner on two different policies.

Step Two: Complete the "New Owner Information" section by printing the name, date of birth, address, and social security number of the new owner (and new contingent owner, if applicable). Have the new owner and any new contingent owner sign in the appropriate signature sections. Please note that if no contingent owner is named and the new owner should die, the insured or joint insured will then become the new owner.

Step Three: Current owner should sign and date the form and indicate the city and state where the form is being signed.

Final Step: Do not separate the two part form. Simply mail the completed form to:

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

Please note that we have included a "Special Instructions" section on the form where you can add any additional instructions.

We will process the request just as soon as we receive it. If we have any questions after reviewing your request we will contact you immediately. The requested change of owner will not become effective until and unless it is accepted, in writing, by us. Once we approve the request we will send you a copy which should be kept with the Polish National Alliance policy.