

SERB NATIONAL FEDERATION — Српски Народни Савез

Request for Policy Change *(please check appropriate boxes)*

Request is for a - Life Contract or Annuity Contract

Name of Insured/Annuitant _____ Policy #'s _____ Lodge # _____

Change of Contact Information:

First Name MI Last Name Phone Number

Street Address City State Zip Code

Social Security Number Date of Birth E-mail Address

Change Insured's Name: *(Copy of Documents confirming name change MUST accompany this form)*

From: _____ To: _____
First MI Last First MI Last

Change Beneficiary(ies): - I do hereby revoke all other and former designations of beneficiary for this policy. All rights of the beneficiary under the above indicated policy(ies) are hereby transferred to the new beneficiary(ies). This change will take effect the date this application is signed by the Owner when accepted by the SNF.

PRIMARY

1 _____ %
Name (First, Middle, Last) / Address Relationship to Insured/Annuitant Date of Birth Social Security Number Benefit Share
 PRIMARY or Contingent
2 _____ %
Name (First, Middle, Last) / Address Relationship to Insured/Annuitant Date of Birth Social Security Number Benefit Share
 PRIMARY or Contingent
3 _____ %
Name (First, Middle, Last) / Address Relationship to Insured/Annuitant Date of Birth Social Security Number Benefit Share

**** If Additional Beneficiaries are desired, please attach an additional sheet to this form ****

Transfer of Ownership: - All rights, titles, and interest in the policy are transferred to the named new owner. This transfer is subject to any policy loan. The change of ownership does not change the beneficiary unless indicated in the above section. Any existing owner's designee and/or contingent owner shall be revoked by this transfer.

New Owner _____
(First, Middle, Last) Date of Birth Social Security Number Phone

Miscellaneous: - *This section, or the back of this form, may be used to further explain any requests made in other parts of the form or to make other requests.*

Signatures - I direct that any endorsement of the policy by reason of one or more requests indicated above be effected by the return to me of a copy of this request with the SNF's acknowledgement. I agree the SNF may waive any policy provision requiring presentation of the policy for endorsement but has the right to require such presentation, if it so desires.

Signed at: _____, _____ on this _____ day of _____, _____
City State Date Month Year

Owner/Insured/Annuitant Signature

Witness Signature

Home Office Use:

Date Accepted _____ Signature _____