



# SLOVAK CATHOLIC SOKOL

P.O. BOX 899 • 205 MADISON STREET  
 PASSAIC, NEW JERSEY 07055  
 Telephone: (973) 777-2605

## CHANGE OF BENEFICIARY FORM

Name \_\_\_\_\_ Certificate No. \_\_\_\_\_ Assembly/Wreath \_\_\_\_\_

I hereby revoke each and every former designation of beneficiary(ies) and contingent beneficiary(ies), made by me on the above certificate. I name the following beneficiary(ies) to receive any amount payable under the certificate when I die:

### PRIMARY BENEFICIARY(IES)

Name (Print)	Relationship	Date of Birth	Is beneficiary a member?	Social Security No. (if available)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the above named beneficiary(ies) dies I name the following contingent beneficiary(ies) to receive the proceeds of above numbered certificate:

### CONTINGENT BENEFICIARY(IES) (If you desire)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If no beneficiary(ies) or contingent beneficiary(ies) is alive when I die, my estate will become the contingent beneficiary under this certificate.

If more than one beneficiary is alive when I die, they will be paid in equal shares.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
 (City, State)

\_\_\_\_\_  
 Name of Member (Please print)

\_\_\_\_\_  
 Signature of member

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 Member's social security number

\_\_\_\_\_  
 City State Zip Code

( \_\_\_\_\_ ) -- \_\_\_\_\_ --  
 Member's telephone number

**WHO CAN BE NAMED A BENEFICIARY:** Lawful spouse, children (including adopted or step children), father and mother, brothers and sisters, half brothers and sisters, grandparents, stepparents, grandchildren, cousins, nieces and nephews, uncles and aunts; the member may also designate such person, although not blood related, upon whom the member may be dependent. This could include an Assembly of the Slovak Catholic Sokol or any lawful charitable institution. Member may also select "To my Estate" or "For Funeral Expenses."

**HOW TO HANDLE THIS FORM:** After the Change of Beneficiary form is properly completed - return **both copies** to the Slovak Catholic Sokol Headquarters for official endorsement. The change is not effective unless endorsed by the S.C.S. headquarters which will keep the original copy in its files and will return the endorsed copy to the insured Member.

Endorsed at the Slovak Catholic Sokol Headquarters in Passaic, N.J.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supreme Secretary