

SLOVAK CATHOLIC SOKOL

A tradition of providing sound financial protection and benefits to our members

Member Services Request Form

Please check boxes to indicate request changes.

Name: _____ Certificate Numbers: _____
 Address: _____ Social Security Number: _____ - _____ - _____
 _____ Telephone #: (_____) _____ - _____
 Date: _____ Email: _____

<input type="checkbox"/> Proof – Loss of Certificate: Section 1	The Undersigned owner and/or insured hereby certify that the insurance/annuity certificate has been lost or misplaced. A duplicate certificate is hereby requested and it is understood that if the original certificate is found or if it should come into possession, it will be returned to the Slovak Catholic Sokol Home Office in Passaic, NJ. The undersigned further certifies that the certificate is not assigned or pledged and upon issuance of a new certificate, the Slovak Catholic Sokol of NJ will be held harmless from any claim which may arise by reason of the issuance of a Duplicate Certificate. When requesting a duplicate certificate, you must also verify your beneficiary by completing Section 2 below.																																								
<input type="checkbox"/> Verify or Change Beneficiary: Section 2	I hereby revoke my former designation of beneficiary and do hereby designate the following: <table border="0"> <tr> <td>Primary Beneficiary:</td> <td>Social Security #:</td> <td>Member</td> <td>Relationship:</td> </tr> <tr> <td>_____</td> <td>_____ - _____ - _____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____ - _____ - _____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____ - _____ - _____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____ - _____ - _____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Contingent Beneficiary:</td> <td>Social Security #:</td> <td>Member</td> <td>Relationship:</td> </tr> <tr> <td>_____</td> <td>_____ - _____ - _____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____ - _____ - _____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____ - _____ - _____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____ - _____ - _____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	Primary Beneficiary:	Social Security #:	Member	Relationship:	_____	_____ - _____ - _____	<input type="checkbox"/>	_____	_____	_____ - _____ - _____	<input type="checkbox"/>	_____	_____	_____ - _____ - _____	<input type="checkbox"/>	_____	_____	_____ - _____ - _____	<input type="checkbox"/>	_____	Contingent Beneficiary:	Social Security #:	Member	Relationship:	_____	_____ - _____ - _____	<input type="checkbox"/>	_____	_____	_____ - _____ - _____	<input type="checkbox"/>	_____	_____	_____ - _____ - _____	<input type="checkbox"/>	_____	_____	_____ - _____ - _____	<input type="checkbox"/>	_____
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<input type="checkbox"/> Change Dividend Option: Section 3	This election applies to the current dividend and future dividends as declared. Please check new selection: <input type="checkbox"/> Purchase Additional Insurance <input type="checkbox"/> Held at Interest <input type="checkbox"/> Paid in Cash																																								
<input type="checkbox"/> Change Ownership: Section 4	From: _____ Social Security #: _____ - _____ - _____ To: _____ Social Security #: _____ - _____ - _____ New Owner Address: _____																																								
<input type="checkbox"/> Change Contact Information: Section 5	New Address: _____ Telephone #: (_____) _____ - _____ Email Address: _____																																								
<input type="checkbox"/> Change Billing Mode or Premium: Section 6	Life Insurance: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual Annuity: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual \$ _____																																								

<input type="checkbox"/> Change Payor: Section 7	From: _____ Social Security #: _____ - _____ - _____ To: _____ Social Security #: _____ - _____ - _____ New Payor Address: _____
<input type="checkbox"/> Change Name: Section 8	Check Selection: <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Beneficiary <input type="checkbox"/> Assignee <input type="checkbox"/> Payor This Change of Name resulted from: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Adoption <input type="checkbox"/> Correction <input type="checkbox"/> Court Order From: _____ To: _____ A copy of legal document applicable to the change must be accompany this request. (i.e.. MARRIAGE LICENSE; DRIVER LICENSE; BIRTH CERTIFICATE)
<input type="checkbox"/> Cash Surrender Life Insurance: Section 9	I hereby make an application for cash surrender value of said certificate as provided for in the conditions and provisions thereon, and thereby waive and relinquish for myself and my beneficiaries, any and all rights to benefits of any nature whatsoever under said certificate. Note: If cash value of certificate is more than the total premium paid into plan, we are required to report this amount as a tax gain to the Internal Revenue Service. Return Certificate with this Request. – If original Certificate cannot be located, please complete Section 1.
<input type="checkbox"/> Loan Request Life Insurance: Section 10	I hereby apply for a cash loan in the amount of: <input type="checkbox"/> Maximum Available or \$ _____ I further agree that the loan shall be governed by the cash loan option on my certificate as to the rate of interest and any settlement thereof.
<input type="checkbox"/> Request for Partial Withdraw on Annuity: Section 11	I hereby apply for a cash withdraw in the amount of \$ _____ in accordance with the provisions in my annuity certificate. I further agree that this withdraw shall be governed by the cash withdrawal option on my annuity certificate. FLEXIBLE / SINGLE PREMIUM DEFERRED ANNUITY: If withdraw occurs within first 5 years, a surrender charge will be applied as spelled out under the terms in your Certificate.
<input type="checkbox"/> Request to Cash Surrender on Annuity: Section 12	I hereby make an application for the cash Surrender value of said certificate as provided for the conditions and provisions thereon, and I hereby waive and relinquish for myself and my beneficiaries, any and all rights to benefits of any nature whatsoever under said certificate. In the event said certificate surrender is within the penalty period spelled out under the terms in your certificate, I am aware that is transaction is subject to surrender charges as spelled out in my certificate. Return Certificate with this Request. – If original Certificate cannot be located, please complete Section 1.

Signature: _____ Social Security #: _____ - _____ - _____

Assignee/Owner: Signature _____ Social Security #: _____ - _____ - _____

Approved on: _____ Home Office Signature: _____