Providence Association of Ukrainian Catholics in America

817 N. Franklin Street, Philadelphia, PA 19123
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APPLICATION FOR: CHANGE OF BENEFICIARY AND/OR CHANGE OF NAME AND/OR DUPLICATE CERTIFICATE

Branch # _____

Name of Insured: _____

PLEASE MAKE THE FOLLOWING CHANGES TO MY CERTIFICATE OR CERTIFICATES #: _____ _____ _____

☐ **CHANGE OF BENEFICIARY: (Note: If Trustee involved Please Contact Home Office)**

_____ _____ _____
Primary Beneficiary **Date of Birth** **Relationship**

_____ _____
Address **Phone #**

_____ _____ _____
Contingent Beneficiary **Date of Birth** **Relationship**

_____ _____
Address **Phone #**

☐ **CHANGE OF NAME: (To be completed if your name has changed. Please attach supporting documents)**

From: _____ **To:** _____

☐ **REQUEST FOR DUPLICATE CERTIFICATE:**
I have lost the certificate(s) listed below. Please provide me with a Duplicate Policy or Certification of Coverage.

Insured: _____ **Certificate(s) #:** _____

SIGNATURE OF INSURED OR OWNER OF POLICY: _____
(If under 16, Owner's Signature)

Telephone #: _____ **Social Security #:** _____

Address: _____ **City/State/Zip:** _____

State: **County:**

On this, the ..... day of ....., 20....., before me ....., the undersigned officer, personally appeared ....., known to me (or satisfactorily proven) to be the person whose name ....., subscribed to the within instrument, and acknowledged that ..... he ..... executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

..... (SEAL)
Branch Secretary or Notary Public
My commission expires .....

Received and Recorded with the Home Office by: _____ **Date:** _____