

First Catholic Slovak Union
FCSU Life
6611 Rockside Road
Independence, OH 44131-2398
1-800-533-6682

REQUEST FOR DIVIDEND VALUE

Please Print

Branch No:

Name of Insured:

Certificate No:

Social Security Number:

1. **Paid Up Dividend Cash Value**

Payment of cash value of paid up dividend additions (no further action is required, a check will be sent to you, please return your Paid Up Rider)

Do we have your correct address, name and dividend option? If not, please complete the following sections.

2. **Address**

Street Address: _____

City, State, and Zip: _____

3. **Change of Name**

From: _____

To: _____

Reason for change (circle one): Marriage Divorce Adoption Other

4. **Change of Dividend Option**

Please record the following option for future dividends payable on this certificate

cash purchase paid up additions accumulate at interest

Signed at _____ this _____ day of _____, 20____

Signature of Insured Member or Owner: _____

Signature of Witness: _____
(parent or guardian if insured is under 16)