

**First Catholic Slovak Union
of the United States of America
& Canada**

6611 Rockside Rd
Independence, OH 44131
1-800-JEDNOTA
1-800-533-6682
www.fcsu.com



MEMBER SERVICE REQUEST

Please Check Service Requested

Questions?
Email us at fcsu@aol.com

INSURED _____

CERTIFICATE # _____

DATE OF BIRTH _____ **PHONE NUMBER** _____ **BRANCH #** _____

CHANGE OF BENEFICIARY: - I hereby revoke all previous beneficiary designations and all requests and agreements, if any, and elect to change the beneficiary of the above-referenced certificate.

PRIMARY: (person, persons, or organization to receive monies upon your death)

1. _____	_____	_____	_____
Name	Date of Birth	Amount	
_____	_____	_____	_____
Address		Relationship	
2. _____	_____	_____	_____
Name	Date of Birth	Amount	
_____	_____	_____	_____
Address		Relationship	

CONTINGENT: (beneficiary in the event of the death of all primary beneficiaries)

1. _____	_____	_____	_____
Name	Date of Birth	Relationship	Amount
2. _____	_____	_____	_____
Name	Date of Birth	Relationship	Amount
3. _____	_____	_____	_____
Name	Date of Birth	Relationship	Amount

CHANGE OF OWNER: - I hereby assign, transfer, and set over all rights, titles, interest and incidents of ownership in the above-referenced certificate to:

Print Name

New Certificate Owner Signature

Address

Social Security Number/Tax I.D. #

as the separate property and estate of the Assignee with the right to exercise all rights, benefit privileges, and, if any, to change the beneficiary, and agree with the First Catholic Slovak Union as to any release, modification, or amendment to the certificate. (Note: In recording the Change of Owner, First Catholic Slovak Union assumes no responsibility for its validity or legal effect.)

INSURED _____ CERTIFICATE # _____ BRANCH # _____

REQUEST FOR NAME CHANGE ONLY – I, the undersigned, hereby request the First Catholic Slovak Union Home Office to change the surname on the above certificate to:

CERTIFICATE LOAN REQUEST - I, hereby apply for a certificate loan:
In the amount of \$ _____

***YOUR CERTIFICATE MUST BE SUBMITTED WITH THIS REQUEST**

WITHDRAWAL – I wish to surrender/withdraw my certificate for its total cash value

***YOUR CERTIFICATE MUST BE SUBMITTED WITH THIS REQUEST**

DECLARATION OF LOST CERTIFICATE – I hereby certify that the above-referenced certificate issued by the First Catholic Slovak Union has been lost and that no persons, partnership, corporation or other entity has any claim or interest in said certificate or its benefits by virtue of any gift, sale, assignment, pledge, property settlement, divorce or other court action. Based on the foregoing statement, I hereby request issuance of a duplicate certificate or that the First Catholic Slovak Union grant the benefits under the certificate, and agree to indemnify and hold harmless the First Catholic Slovak Union from any and all losses which may incur as a result of granting this request. It is further agreed that if the original certificate is found, it will be returned to the home office. This indemnification will be binding on my heirs, executors, administrators, successors, and assignees.

OTHER REQUEST: _____

I UNDERSTAND THAT THE REQUESTED SERVICE WILL NOT BECOME EFFECTIVE UNTIL THE REQUEST IS RECEIVED, APPROVED, AND RECORDED AT THE HOME OFFICE OF THE FIRST CATHOLIC SLOVAK UNION.

SIGNED AT: _____
City State Date

Notary Public Signature

My Commission Expires: _____
(Seal)

Certificate Owner Signature

Certificate Owner Social Security Number

Certificate Owner Date of Birth

Address

City State Zip

Branch Officer

Phone Number

Email Address