

# Croatian Fraternal Union of America

100 DELANEY DRIVE / PITTSBURGH, PENNSYLVANIA 15235-5416

412.843.0380

## CHANGE OF BENEFICIARY FORM

Please Print, Use Dark Ink

NAME (Insured or Annuitant)	CONTRACT NUMBER(S)	LODGE/NEST
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**PRIMARY BENEFICIARY** *(The person(s) named in the contract to receive the insurance proceeds upon death of the Insured. In the event one or more of the Primary Beneficiary(s) passes away before the Insured, then such share(s) would be divided equally among the surviving Primary Beneficiaries.)*

- NAME: \_\_\_\_\_ SHARE (% or equal): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_
- NAME: \_\_\_\_\_ SHARE (% or equal): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_
- NAME: \_\_\_\_\_ SHARE (% or equal): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

**CONTINGENT BENEFICIARY** *(The person(s) named will assume beneficiary status upon the death of all Primary Beneficiaries.)*

- NAME: \_\_\_\_\_ SHARE (% or equal): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_
- NAME: \_\_\_\_\_ SHARE (% or equal): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_
- NAME: \_\_\_\_\_ SHARE (% or equal): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

Death benefits to be paid in one sum. If more than one Primary or Contingent Beneficiary, the share of each shall be as shown or equally when no share is shown.

Signature of Insured or Annuitant: \_\_\_\_\_

Signature of Owner (if other than Insured or Annuitant): \_\_\_\_\_

Signature of Witness (other than a named beneficiary): \_\_\_\_\_

Date Signed: \_\_\_\_\_ Date Endorsed: \_\_\_\_\_

*(to be completed by Home Office)*

THIS FORM MUST BE MAILED TO THE HOME OFFICE FOR ENDORSEMENT,  
AND ONCE ENDORSED BY THE CFU IT SHALL BE EFFECTIVE AS OF THE DATE OF SIGNING.

*If you would like to request forms for "Assignment to Funeral Home," contact the CFU Home Office.*



***The information you provide on the Change of Beneficiary form supersedes all existing beneficiary information on the certificate.***

***Instructions for completing the CHANGE OF BENEFICIARY FORM:***

1. **PRINT** full given name, share, relationship to insured or annuitant, date of birth, and complete address of each listed beneficiary.
2. Ownership – when there is a living designated owner of an insurance certificate (other than the insured) the Owner must sign this form and have their signature witnessed.
3. An original copy of this form with original signatures must be completed and returned to the CFU Home Office. Electronic versions and fax copies will not be accepted.
4. If you have more than one certificate and the beneficiaries will all be the same for each certificate, you must list all contract numbers in the header of the Change of Beneficiary form where requested.
5. If you have more than three primary or contingent beneficiaries, please continue to list them on a separate sheet of 8 ½ x 11 paper and attach to the Change of Beneficiary form accompanied by the same information requested (full name, share, relationship to insured or annuitant, date of birth, and complete address).
6. When two or more beneficiaries are named in equal position clearly state the division of proceeds (share %) such as (=) equal shares or a specific percentage.
7. If no beneficiaries survive the Insured or the Annuitant, the death benefits shall be paid to the “Estate” of the deceased by furnishing a tax identification number or the surviving legal heirs of the deceased.
8. If you have Power of Attorney (POA) or Guardianship for the Insured, please include a copy of your POA or Guardianship papers and make sure the name, address and telephone number of the POA or Guardian is on the document.
9. If you are listing your TRUST as beneficiary – include a copy of the Title, Successor/Trustee and Signature pages (typically, the first and last pages of the trust).
10. Please make sure you have your signature witnessed by an adult who IS NOT a listed beneficiary. The Change of Beneficiary form DOES NOT have to be notarized.
11. A funeral home cannot be named as beneficiary. An assignment can be made by requesting the “Assignment to Funeral Home” form by contacting the CFU Home Office.

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AND ONCE ENDORSED BY THE CFU IT SHALL BE EFFECTIVE AS OF THE DATE OF SIGNING.

***\*An Endorsement will be forwarded to you for your records upon completion of processing the Change of Beneficiary at the Home Office. Please review Endorsement and contact the CFU Home Office with any questions.***

**Mail Completed Form to:**

Croatian Fraternal Union of America  
Attn: Vice President/Member Services  
100 Delaney Drive  
Pittsburgh, PA 15235-5416

