

# Croatian Fraternal Union of America

100 DELANEY DRIVE / PITTSBURGH, PENNSYLVANIA 15235-5416

412.843.0380

## SERVICE REQUEST FORM

Please Print, Use Dark Ink

**NAME**

(Insured or Annuitant)

**CONTRACT  
NUMBER(S)**

**LODGE/NEST**

**CHANGE OF ADDRESS** *Change the address of record to:*

*Yes, I am a Lodge/Nest Officer*

Street Address: \_\_\_\_\_

City, State/Province, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

**CHANGE OF NAME** *Change the name of the:*

*Insured/Annuitant*

*Owner*

*Beneficiary*

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

Reason for change (ex. marriage, divorce, adoption): \_\_\_\_\_

*Please provide a copy of a government issued identification (Driver's License, Passport, etc.) for verification.*

**LOST CONTRACT** *Request for a duplicate contract. The original of this contract has been lost or destroyed. To the best of my knowledge and belief, the contract is not in the possession of any other person or entity. It is understood the Croatian Fraternal Union of America will be held harmless and free from all claims as a result of the issue of the duplicate contract. If the original contract is found, the duplicate contract will be returned.*

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

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

Signature of Witness (other than 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 "Change of Ownership," contact the CFU Home Office.*



***The information you provide on the Service Request form supersedes all previously submitted information on the certificate.***

***Instructions for completing the SERVICE REQUEST FORM:***

1. **PRINT** complete mailing address. Include street address, city, state/province, and zip code. Provide a valid contact telephone number. State clearly the effective date of change. ***Please keep in mind that all correspondence from the CFU Home Office will be directed to the newly indicated address as of the effective date listed.***
2. Clearly mark to which party (Insured, Annuitant, Owner, Beneficiary) "Change of Name" needs to be applied. A copy of a government issued identification is required to be submitted for verification.
3. If you have more than one certificate and the information provided and/or requested is the same for each certificate, you must list all contract numbers in the header of the Service Request form where requested.
4. Please make sure you have your signature witnessed by an adult who IS NOT a listed beneficiary. The Service Request form DOES NOT have to be notarized.
5. 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.

**Mail Completed Form to:**

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

