



SLOVENE NATIONAL BENEFIT SOCIETY

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Change of Beneficiary Authorization Form

(Please Print/Type)

Date _____ Lodge Number _____ Social Security Number _____ Indicate all Policy/Annuity Numbers _____

Full Name of Insured _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____

	Full Name of Beneficiary	Date of Birth	Relationship	Address	% of Distribution
Primary:	_____	_____	_____	_____	_____
		SS# _____			
Primary:	_____	_____	_____	_____	_____
		SS# _____			
Contingent:	_____	_____	_____	_____	_____
		SS# _____			
Contingent:	_____	_____	_____	_____	_____
		SS# _____			

- If naming a minor (under age 18) as a beneficiary please keep in mind that they may not take possession of the money until age 18.
- If beneficiaries differ on each policy/annuity you must complete one of these forms for each policy you hold. If more space is needed, please attach a separate sheet that is signed by the insured/owner, dated and notarized or signed by Lodge Secretary or agent or impartial witness.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

Date and signature required

Signed this _____ day of _____, 20_____

x _____
Signature of Owner

I, the undersigned do hereby verify that the above signature is genuine and that said member was, at the time of signing this application, of sound mind and that this is his/her voluntary act.

x _____
Signature of Secretary or Notary Public or Agent or Impartial Witness