



SLOVENE NATIONAL BENEFIT SOCIETY

247 West Allegheny Road • Imperial, PA 15126-9774
(724) 695-1100 • (800) 843-7675 • Fax (724) 695-1555
e-mail: snpj@snpj.com • web site: www.snpj.org

Request for Duplicate Policy

(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 _____

I declare null and void any and all beneficiaries previously named on this policy and declare the following as my beneficiary(ies).

| | 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.**

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