



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

Change Ownership 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 _____

I do hereby change the ownership:*

FROM: (Name) _____	TO: (Name) _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Social Security Number (required) _____	Social Security Number (required) _____
Phone _____	Phone _____

Change of ownership on an annuity may result in tax consequences.

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 Notary Public or Secretary of Lodge _____ of the Slovene National Benefit Society, 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/Notary Public

* Current owner to be verified by Home Office.