



WILLIAM PENN ASSOCIATION

709 Brighton Rd., Pittsburgh, PA 15233-1821 • 412-231-2979 • Fax: 412-231-8535 • Toll-Free: 1-800-848-7366

REQUEST FOR CHANGE IN INSURANCE CONTRACT (CERTIFICATE) (TO BE COMPLETED BY OWNER OF THE INSURANCE CONTRACT)

NAME OF INSURED _____ CERTIFICATE # _____ BRANCH # _____

1. CHANGE OF ADDRESS - RECORD THE FOLLOWING CHANGE OF ADDRESS:

Street Address: _____

City, State, Zip: _____

Date change will be effective: _____ Phone Number: (____) _____

2. CHANGE OF NAME - RECORD THE FOLLOWING CHANGE OF NAME FOR THE

Insured Owner From: _____ To: _____ Date: _____

REASON FOR CHANGE: Marriage Divorce Adoption Other _____

3. CHANGE OF BENEFICIARY - (If more lines or space are needed, please use reverse side)

PRIMARY BENEFICIARY (Name/Relationship to Insured)	BIRTH DATE	SOCIAL SECURITY NO.	ADDRESS	SHARE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONTINGENT BENEFICIARY (Name/Relationship to Insured)	BIRTH DATE	SOCIAL SECURITY NO.	ADDRESS	SHARE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. CHANGE IN PREMIUM MODE TO: Monthly Quarterly Semi-Annual Annual

5A.) ADD/DELETE ITEMS CHECKED: Waiver of Premium Benefit Accidental Death Benefit
 Payor /WP Double ADB _____ Term Rider Other: _____

5B.) REDUCE/INCREASE FACE AMOUNT OF CONTRACT FROM \$ _____ TO \$ _____

**** (NOTE: The ORIGINAL CERTIFICATE must be included with this request for endorsement.) ****

6. CHANGE IN DIVIDEND OPTION: Dividend Option 1 - Cash Dividend Option 2 - Reduce Premiums

Dividend Option 3 - Paid Up Insurance Dividend Option 4 - Accumulate **SOC SEC # REQUIRED** _____ - _____ - _____

7. APPLY DIVIDENDS ON DEPOSIT TO:

Reduce Loan on Certificate # _____ Pay premium due on Certificate # _____

Pay in cash **SOCIAL SECURITY # REQUIRED** _____ - _____ - _____

Signed at: _____ this _____ day of _____, 20____.
(City and State)

Signature of Witness (not a beneficiary)

Signature of Insured

TO BE COMPLETED BY WILLIAM PENN ASSOCIATION - Date Received: _____ By: _____