



WILLIAM PENN ASSOCIATION

Fraternal Life Insurance and Annuities
709 Brighton Road, Pittsburgh, PA 15233
(412) 231-2979 • www.wpalife.org

REQUEST FOR CHANGE IN INSURANCE CONTRACT (CERTIFICATE)

(TO BE COMPLETED BY OWNER OF THE INSURANCE CONTRACT)

NAME OF INSURED

CERTIFICATE NUMBER

BRANCH NUMBER

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

Street Address: _____

City, State, Zip: _____

Effective Date: _____ Phone Number: (____) _____ Email: _____

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

7. APPLY DIVIDENDS ON DEPOSIT TO:

Reduce Loan 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/Owner

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