INSTRUCTIONS FOR COMPLETEING FORM 900A

1.) ***Section A:*** Fill in your name as it is currently listed

2.) ***Section B:*** Fill in your policy number***. A separate 900A form must be completed for each certificate listed in your name***

3.) ***Section C***: Indicate what change you are requesting.
Note: If a duplicate certificate is being requested, please list the current beneficiaries, and enclose a check in the amount of $20 made out to ***CZECHOSLOVAK SOCIETY OF AMERICA.***

4.) Change of Primary ***or*** Contingent Beneficiary, ***section D***
a.) include full name, address, date of birth and most importantly the Social Security number (*forms received without beneficiary social security numbers will be returned) be sure to include the name(s) of your designated Contingent Beneficiaries also*

5.) S***ection E:*** Must be filled out in its entirety (so we can cross check our files and update our system)

6.) S***ection F....*** **Row 1)**Your Signature, if you are *Insured and Owner*.....Please note that if you are the Insured but not the the *Owner, the Owner must sign******if you are applying for a **CHANGE OF NAME**, sign and print your new name

Row 2) Insured's/Owner's Social Security Number

Row 3) Signature and Seal of Notary

*****Forms that are received but not notarized will be returned*****

Row 4 & 5) Please indicate if there is a change of address

7.) ***Section G...***is to be filled out and signed ***only***, when requesting a duplicate certificate. ***See item #3***

Please note - Your Social Security number must be provided on the form. Failure to provide a correct Social Security number may result in IRS penalties.

Czechoslovak Society of America
2050 Finley Rd Suite 70
Lombard IL 60148
1-800-LIFE- CSA

A)

Application For Change Of Certificate No. B)_____ For Reason Of:

C)___Change of Beneficiary _____Change of Name ____Change of Name and Beneficiary

_____Addition of Contingent Beneficiary ____Loss of Original Certificate **($20 Fee Required)**

I Request That Henceforth The Beneficiary(ies) Be Designated As Follows:

xPrimary Beneficiary:

Full Name Address Relationship Date of Birth Soc Sec. Number

D)

_____

_____

_____

xContingent Beneficiary:

Full Name Address Relationship Date of Birth Soc Sec. Number

_____

_____

_____

E) I was born on the____day of _____19____, in the city of _____

County of_____, State of _____, Country_____

Witness my own hand on this ____day of _____20____. Ph. Number_____

F)

l)_____ _____

xSignature of Insured/Owner Current Street Address

2) _____ _____

xSocial Security Number City State Zip Code

3)_____ 4)_____This is a change of address

xSignature of Impartial Witness/**NOTARY SIGNATURE & SEAL**

5)_____ No change of address

H) * **When a Certificate has been lost, the following statement is to be completed:**

* The undersigned Insured/Owner states that after careful and diligent search is all places where same might naturally be found, he/she is unable to locate the original certificate.

_____ _____

Signature of Impartial Witness/**NOTARY SIGNATURE & SEAL** Signature of Insured/Owner

Updated 4/27/17