



WILLIAM PENN ASSOCIATION

709 Brighton Road Pittsburgh, PA 15233-1821 412-231-2979 FAX: 412-231-8535

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

NAME OF INSURED _____ CONTRACT NUMBER _____ BRANCH NUMBER _____

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 reserve 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(NOTE: The contract must be included with this request for endorsement.)

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

5A.) DELETE ITEMS CHECKED: Waiver of Premium Benefit Accidental Death Benefit

Payor/WP Double ADB _____ Term Rider Other: _____

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

(NOTE: The contract 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 Dividend Option 5 - One Year Term Addition

7. APPLY DIVIDENDS ON DEPOSIT -

Reduce Loan on Contract No. _____ Pay premium due on Contract No. _____

Pay in cash - Amount \$ _____ Other _____

Signed at: _____ this _____ day of _____, 20_____.

Signature of Witness/Agent

Signature of Owner

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