POLISH FALCONS OF AMERICA

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OWNER BENEFICIARY/TRANSFER FORM

Name of Insured: _____ Certificate No: _____ Nest: _____

1. ( ) **BENEFICIARY DESIGNATION** – The undersigned Owner does hereby designate the following beneficiary. (Show full given name and relationship to **Insured**.)

Primary: _____ Relationship: _____

Address: _____

Contingent: _____ Relationship: _____

Address: _____

I do hereby revoke all other and former designations of beneficiary for this policy. All rights of the beneficiary under the certificate(s) are hereby transferred to the new beneficiary. This change will take effect on the date this application is signed by the Owner when accepted by the Polish Falcons of America.

2. ( ) **OWNERSHIP TRANSFER** – The undersigned Owner designates the following as Owner on this certificate:

Name: _____

Address: _____

Contingent Owner: _____

Address: _____

Such ownership to be effective:

1. Upon the death of the undersigned Owner _____ ; or
2. On the following date: _____

All rights, titles, and interest in this certificate are transferred to the new Owner. This transfer is subject to any certificate loan. Any existing Owner's designee or Contingent Owner is revoked after the effective date indicated hereon. This change of ownership does not change the beneficiary unless indicated in Part 1.

Signed at _____ this _____ day of _____ ,20 _____

_____ _____
(Signature of Witness) (Signature of Owner)

_____
(Owner's Address)

Home Office Use: Date accepted: _____

Signature: _____
(Authorized Officer/Home Office Employee)