NORTH AMERICAN SWISS ALLIANCE
26777 Lorain Road, Suite 321
North Olmsted OH 44070-3225

Change of Beneficiary Request

Certificate/Policy Number_____________ Insured/Member____

Phone Number _____________________________

(Do not submit certificate/policy unless otherwise instructed)

CHANGE BENEFICIARY TO:

____ Relationship___________________________ Age_____

____ Relationship___________________________ Age_____

Address, City, State, Zip ____

Beneficiary Phone Number ____

A designation herein of beneficiary/ies will constitute a revocation of all previously named beneficiaries. Any benefit payment due upon or after the death of the Insured will be paid in equal shares to the beneficiaries who are living on the due date of such benefit payments. It is understood and agreed that before making payment, the Alliance may require proof of the existence, identity, age or other facts relating to any beneficiary. Any payment made in good faith by the Alliance in reliance upon such proof shall be a valid discharge of the Alliance's obligation to the extent of such payment.

It is hereby requested that any provision contained in the above numbered certificate shall, to the extent that it required this change of beneficiary to be endorsed upon the certificate by the Alliance at the Home Office, be waived. The undersigned further represents that the certificate is not in possession of another person and that there is no claim against it.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signed this_______ day of _________________________, 20______

________________________________ Signature of Witness	________________________________ Signature of Insured/Member
________________________________ Address of Witness	________________________________ Address of Insured/Member
________________________________ City / State / Zip	________________________________ City / State / Zip

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PLEASE NOTE: Witness cannot be named beneficiary.
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