



Loyal Christian Benefit Association  
PO Box 13005  
Erie, PA 16514-1305  
814-453-4331  
Toll Free 800-234-5222

### Change of Beneficiary

**Directions:** Please complete this form online; then print, sign and send via US Mail to LCBA National Headquarters at the address listed above.

**\*This form must be signed, mailed, and recorded at LCBA before it becomes effective.**

**CERTIFICATE NUMBER:**

**INSURED:**

**OWNER** (If other than insured):

**Please note:** If more than one Primary/Contingent is named, indicate % of split. Total % must equal 100%.

This change will revoke all previous beneficiary designations.

**PRIMARY BENEFICIARY:**

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Name:  
Address:  
City ST, ZIP:  
SS #:  
DOB:  
Relationship:  
% split:

Name:  
Address:  
City ST, ZIP:  
SS #:  
DOB:  
Relationship:  
% split:

**CONTINGENT BENEFICIARY:**

**CONTINGENT BENEFICIARY:**

Name:  
Address:  
City ST, ZIP:  
SS #:  
DOB:  
Relationship:  
% split:

Name:  
Address:  
City ST, ZIP:  
SS #:  
DOB:  
Relationship:  
% split:

**Note:** The witness must be someone other than the newly named beneficiary. In community property states (AZ, CA, LA, IA, ID, NM, TX, WA, WI), a spouse's signature is required in addition to the owner's signature. An Irrevocable Beneficiary designation must be signed by the Irrevocable Beneficiary.

The changes requested above shall not become effective until it is approved by LCBA's National Headquarters. If you need additional space to designate other beneficiaries, please attach a separate page with the other beneficiaries' information.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Please do not write below this line. It is to be completed by the National Headquarters of LCBA.**

\_\_\_\_\_  
Recorded at

\_\_\_\_\_  
By

\_\_\_\_\_  
Date