



Plan Administration Ltd.
580 Hazard Ave.
Enfield, CT. 06082

REQUEST FOR CHANGE OF BENEFICIARY/NAME CHANGE

Request For Change of Beneficiary

Pal # _____ Cert # _____
Insured's Name: _____ Soc. Sec. #: _____-_____-_____

The present beneficiary designation for proceeds payable on the death of the Insured under the above certificate is terminated and the following designation made:

CLASS: PRIMARY
Name: _____ Relationship _____

CLASS: SECONDARY
Name: _____ Relationship _____

Request for Change in Name

The name of the Insured has been changed for the reason shown:

____ Marriage ____ By Court Order ____ Divorce and Resumption of Former Name
____ Name Incorrect on Certificate

Former Name Was: _____
Present Name is: _____
Date of Qualifying Event: _____

In Each Case Complete the Following Section

Insured's Signature: _____ Date _____
Witness: _____ Date _____

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

