

INSTRUCTIONS FOR COMPLETEING FORM 900A

- 1.) Section A: Fill in your name as it is currently listed
- 2.) Section B: Fill in your policy number. *A separate 900A form must be completed for each certificate listed in your name*
- 3.) Section C: Indicate what change you are requesting.
Note: If a duplicate certificate is being requested, please list the current beneficiaries, and enclose a check in the amount of \$10 made out to **CSA FRATERNAL LIFE**
- 4.) Change of Primary *or* Contingent Beneficiary, section D
 - a.) include full name, address, date of birth and most importantly the Social Security number (*forms received without beneficiary social security numbers will be returned*) be sure to include the name(s) of your designated Contingent Beneficiaries also
- 5.) Section E: Must be filled out in its entirety (so we can cross check our files and update our system)
- 6.) Section F.... Row 1) Your Signature, if you are *Insured and Owner.....* Please note that if you are the Insured but not the the Owner, the Owner must sign*****if you are applying for a **CHANGE OF NAME**, sign and print your new name
 - Row 2)** Insured's/Owner's Social Security Number
 - Row 3)** Signature and Seal of Notary

****Forms that are received but not notarized will be returned****

 - Row 4 & 5)** Please indicate if there is a change of address
- 7.) Section G... is to be filled out and signed only, when requesting a duplicate certificate. See item #3

Please note - Your Social Security number must be provided on the form. Failure to provide a correct Social Security number may result in IRS penalties.



CSA Fraternal Life
2050 Finley Rd Suite 70,
Lombard IL 60148
1-800-LIFE- CSA

A)

Application For Change Of Certificate No. B) _____ For Reason Of:

C) _____ Change of Beneficiary _____ Change of Name _____ Change of Name and Beneficiary
_____ Addition of Contingent Beneficiary _____ Loss of Original Certificate (**\$10 Fee Required**)

I Request That Henceforth The Beneficiary(ies) Be Designated As Follows:

xPrimary Beneficiary:

Full Name Address Relationship Date of Birth Soc Sec. Number
D)

xContingent Beneficiary:

Full Name Address Relationship Date of Birth Soc Sec. Number

E) I was born on the _____ day of _____ 19____, in the city of _____

County of _____, State of _____, Country _____

Witness my own hand on this _____ day of _____ 20____. Ph. Number _____

F)

1) _____
xSignature of Insured/Owner Current Street Address

2) _____
xSocial Security Number City State Zip Code

3) _____ 4) _____ This is a change of address
xSignature of Impartial Witness/**NOTARY SIGNATURE & SEAL**

5) _____ No change of address

H) * **When a Certificate has been lost, the following statement is to be completed:**

* The undersigned Insured/Owner states that after careful and diligent search in all places where same might naturally be found, he/she is unable to locate the original certificate.

Signature of Impartial Witness/**NOTARY SIGNATURE & SEAL**

Signature of Insured/Owner