



24950 Chagrin Blvd. | Beachwood, Ohio 44122 | 800.464.4642 | www.fcsla.com

Dear Policyholder:

If your name/mailling address has changed, please complete the form below and mail or fax to The First Catholic Slovak Ladies Association's Home Office as indicated on the form below. The insured, annuitant, or owner is required to sign the form. Only the insured, annuitant, or owner can authorize a name/mailling address change.

Any Address/Name Change Form received without signature, will be delayed. In such a case, a signature request form will be mailed from the Home Office to the valid insured, annuitant, or owner to verify and authorize name/mailling address change by obtaining the proper signature.

Thank you for helping us keep your records current.

Fraternally Yours,

Member Services Dept, FCSLA Life  
Ext 1055



### Address / Name Change Form



24950 Chagrin Blvd., Beachwood, OH 44122  
1(800) 464-4642 FAX: 1(216) 464-9260  
(Please Print) Complete form & mail or fax to our Beachwood office

NAME: \_\_\_\_\_

NEW NAME: \_\_\_\_\_

"Legal Documentation Required. e.g. Copy of Driver License or SS Card or Court Documents."

EMAIL: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Check to receive Change of Beneficiary form.

**OLD ADDRESS :**

**NEW ADDRESS :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATES

**SIGNATURE REQUIRED :** \_\_\_\_\_

(insured, annuitant, owner)