



5400 Tuscarawas Rd, Beaver PA, 15009
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Change of Beneficiary

First Name: _____ Certificate Number(s): _____
 Last Name: _____
 Address: _____ Last 4 Digits of SSN: _____
 _____ Phone Number: (_____) _____
 (Is this a new address? Yes No) Cell Phone: (_____) _____
 Email Address: _____ Date of Birth: ____/____/____

In accordance with the beneficiary provision in my certificate, I name the following person(s) as my beneficiary (ies).

Primary Secondary

First Name: _____ Last Name: _____
 Date of Birth: _____ Social Security No.: _____
 Relationship to You: _____ *Percentage of benefit: _____

Primary Secondary

First Name: _____ Last Name: _____
 Date of Birth: _____ Social Security No.: _____
 Relationship to You: _____ *Percentage of benefit: _____

Primary Secondary

First Name: _____ Last Name: _____
 Date of Birth: _____ Social Security No.: _____
 Relationship to You: _____ *Percentage of benefit: _____

If Beneficiary is a Trust:

Name of Trust: _____

Trust EIN: _____

*(Please send a copy of the **Important Information pages** and the **Signature page** of your trust.)*

If you have more than three beneficiaries, please use the other side of this page or a separate page to list them.

**All percentages must add up to 100%.*

Owner's Signature: _____ Date: _____