



SLOVENE NATIONAL BENEFIT SOCIETY

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Change Dividend Option Authorization Form

(Please Print/Type)

Date _____	Lodge Number _____	Social Security Number _____	Indicate all Policy Numbers _____
Full Name of Insured _____			_____
Street Address _____			_____
City _____	State _____	Zip _____	_____
Home Phone _____	Work Phone _____	_____	
Date of Birth _____	_____		

Please change all future dividends to the following option:

Check One: PURCHASE PAID-UP ADDITIONS ACCUMULATE AT INTEREST
 REDUCE PREMIUM PAID IN CASH

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

Date and signature required

Signed this _____ day of _____, 20 _____

x _____
Signature of Owner/Payor