



Request for Change of Name

Date _____

Send to:

The Travelers Protective Association of America
3755 Lindell Boulevard
St. Louis, MO 63108-3476
Fax: (314) 371-0537 • Email: support@tpahq.org

Change my name

From:

To:

Beneficiary _____ Relationship _____

Beneficiaries' address _____

Members' Address _____

Members' Signature

Membership Number _____ Post _____ Division _____

The following are qualified beneficiaries as stated in the Standing Rules and Plan of Benefits of The Travelers Protective Association of America.

Spouse, children, adopted children, grandchildren, great grandchildren, father, mother, sisters, brothers, grandmother, grandfather, great grandmother, great grandfather, uncles, aunts, cousins, nieces, nephews, mother-in-law, father-in-law, daughter-in-law, son-in-law, step-mother, step-father, step-children, or a person dependent upon member for support, members trust, members estate, Scholarship Trust for The Hearing Impaired; and the **first** or **given name** of the beneficiary must be given in **full**.