



Request for Change of Name

Date _____

Send to:

The Travelers Protective Association of America
2041 Exchange Drive
Saint Charles, MO 63303-5987
Fax: (636) 724-2457 • 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, relative by blood to the fourth degree, ascending or descending, father-in-law, mother-in-law, son-in-law, daughter-in-law, step-father, step-mother, step-children, children by legal adoption, a member's trust, a member's estate, the TPA Scholarship Trust for the Hearing Impaired, or person or persons dependent upon the member at whose instance issued, to whom they desire the benefit paid in the event of their death.

Notarized with a seal.

Subscribed and sworn before me this _____ day of _____ 20 _____

Notary Signature (and seal) _____