



Request for Change of Beneficiary

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 beneficiary

From: _____ Relationship: _____

To: _____ Relationship: _____

(Give name in full)

Beneficiaries' address _____

_____ Member's Signature

Members' Address _____

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.

Each certificate of membership must be made payable to the 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 Hearing Trust, or person or persons dependent upon the member at whose instanced 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) _____