



# 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 Hearing Trust, 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) \_\_\_\_\_