

# NATIONAL CATHOLIC SOCIETY OF FORESTERS

320 S. School Street – Mount Prospect, IL 60056-3334 – 1.800.344.6273 – www.ncsf.com

## BENEFICIARY ASSIGNMENT OF PROCEEDS

*Any person who, with intent to defraud or knowing that he is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.*

The undersigned: \_\_\_\_\_

hereby certifies that I am the beneficiary and eligible to receive the proceeds under benefit certificate

\_\_\_\_\_ hereby assign and set over onto:

**Name:** \_\_\_\_\_

**Tax Identification Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

\$\_\_\_\_\_ of the proceeds presently due and payable under benefit certificate

\_\_\_\_\_ as issued by the **NATIONAL CATHOLIC SOCIETY OF FORESTERS.**

I further guarantee to hold the **NATIONAL CATHOLIC SOCIETY OF FORESTERS** harmless as a result of the payment to the above named as herein directed.

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF BENEFICIARY

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP