

*Croatian Fraternal Union of America*  
100 DELANEY DRIVE / PITTSBURGH, PENNSYLVANIA 15235-5416  
412.843.0380

**OWNERSHIP  
CERTIFICATE OF INSURANCE**

**SAMPLE**

INTENDING TO BE LEGALLY BOUND, I hereby sell, transfer and assign to

*Name of New Owner – One Permitted*

*Address of New Owner*

\_\_\_\_\_, of \_\_\_\_\_, and (His) (Her) heir,

executor, administrator and assignee, all of right, title, and interest in and to the attached Certificate of

*Certificate Number*

*Issue Date*

Insurance, \_\_\_\_\_, dated \_\_\_\_\_, issued by CROATIAN FRATERNAL UNION OF

AMERICA, together with all sums of money, interest, benefit and advantage whatsoever, now due or hereafter to

become due, or to be had or obtained by virtue thereof.

*Previous Owner Signature*

\_\_\_\_\_

*Date*

*Month*

*Year*

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ before me a Notary Public, the undersigned officer,

*Name*

personally appeared \_\_\_\_\_ known to me to be the person whose name is

*he/she*

subscribed to the within instrument and acknowledge that \_\_\_\_\_ executed the same for the purposes therein

contained.

In Witness whereof, I hereunto set my hand and official seal.

*Signature & Seal of Notary Public*

\_\_\_\_\_



Effective as of its date of issue, the certificate to which this Endorsement is attached is hereby amended by substituting for OWNER the following:

This contract is made with the owner and every transaction relating to this certificate, including the right to exercise every option, benefit or privilege, conferred by or referred to in this certificate, shall be between the UNION, the BENEFICIARY and the OWNER and all such transactions shall be valid without notice to or consent of the INSURED or the INSURED'S guardian. In the event of the death of the OWNER prior to the death of the INSURED, the interest of the OWNER shall vest in the PRIMARY BENEFICIARY, or if there is no BENEFICIARY, it shall vest in the INSURED, subject to any valid certificate liens. The Interest of the PRIMARY BENEFICIARY shall cease to exist shall the INSURED have any right to exercise any option, benefit or privilege granted in the certificate.

CROATIAN FRATERNAL UNION OF AMERICA

*National Secretary/Treasurer*

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*National Vice President/Member Services*

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*Date of Endorsement*

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This rider is included in the certificate applied for at the Insured's and Owner's request.

*Signature of Previous Owner*

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*Signature of New Owner*

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*Social Security Number of New Owner*

*Tax ID Number of Trust*

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**OWNERSHIP  
CERTIFICATE OF INSURANCE**

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\_\_\_\_\_, of \_\_\_\_\_, and (His) (Her) heir,  
executor, administrator and assignee, all of right, title, and interest in and to the attached Certificate of  
Insurance, \_\_\_\_\_, dated \_\_\_\_\_, issued by CROATIAN FRATERNAL UNION OF  
AMERICA, together with all sums of money, interest, benefit and advantage whatsoever, now due or hereafter to  
become due, or to be had or obtained by virtue thereof.

\_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ before me a Notary Public, the undersigned officer,  
personally appeared \_\_\_\_\_ known to me to be the person whose name is  
subscribed to the within instrument and acknowledge that \_\_\_\_\_ executed the same for the purposes therein  
contained.

In Witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_



Effective as of its date of issue, the certificate to which this Endorsement is attached is hereby amended by substituting for OWNER the following:

This contract is made with the owner and every transaction relating to this certificate, including the right to exercise every option, benefit or privilege, conferred by or referred to in this certificate, shall be between the UNION, the BENEFICIARY and the OWNER and all such transactions shall be valid without notice to or consent of the INSURED or the INSURED'S guardian. In the event of the death of the OWNER prior to the death of the INSURED, the interest of the OWNER shall vest in the PRIMARY BENEFICIARY, or if there is no BENEFICIARY, it shall vest in the INSURED, subject to any valid certificate liens. The Interest of the PRIMARY BENEFICIARY shall cease to exist shall the INSURED have any right to exercise any option, benefit or privilege granted in the certificate.

CROATIAN FRATERNAL UNION OF AMERICA

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\_\_\_\_\_  
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This rider is included in the certificate applied for at the Insured's and Owner's request.

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