

SNF Life Insurance
Application

Serb National Federation
One Fifth Avenue, Pittsburgh, Pa 15222
Phone: 1-412-642-7372 Toll Free: 1-800-538-7372
Fax: 1-412-642-1372

I hereby make application to the Serb National Federation for a certificate of Life Insurance to be issued upon the basis of my answers to the following questions:

Proposed Insured:

Address:

Phone: (Day)

(Evening)

Social Security #

Date of Birth:

Birthplace:

Beneficiary:

Relation to Insured:

Contingent Beneficiary:

Relation to Insured:

Name of Spouse:

Date of Birth:

Beneficiary:

Type of Coverage

Clergy Franchise

- Individual

- Family

- Retiree

Amount of Insurance Applied for: \$

Dependants Coverage

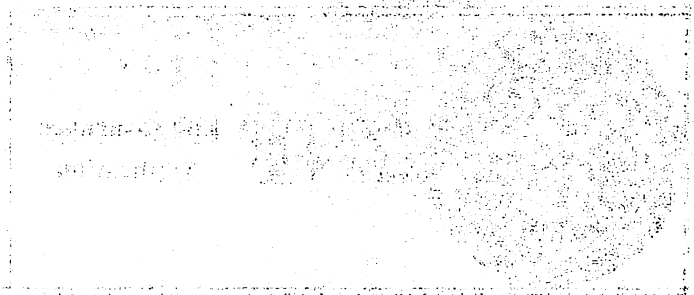
Child's Name

Date of Birth

Dated at _____ this _____ day of _____

Applicant Signature _____

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