

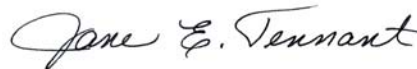
EQUITABLE RESERVE ASSOCIATION

A Not-For-Profit Fraternal Benefit Society, est. 1897

REQUEST FOR CHAPTER CHANGE

Each member of the Association is assigned membership into a local chapter at the time the original application for membership is taken. As provided by Sec. 64 of the Bylaws of the Equitable Reserve Association, any member wishing to withdraw from his/her Chapter for the purpose of joining another, may make a written request to transfer to the Secretary of the Association. If the member is then in good standing, the Association will grant a transfer. The recording secretary of the new Chapter will be notified of such transfer. To change your chapter, complete this form. Please retain a copy for your records and mail a copy to the Home Office. The change will then promptly be completed. Please confirm the current address and, if applicable, give notice of new address change below.

Fraternally,



Secretary

.....
 Please change my local chapter membership to Chapter No. _____, _____ (Location)

My present chapter of record (if known) is Chapter No. _____, _____ (Location)

Present Address
Street Address
City, State, Zip

New Address (if applicable)
Street Address
City, State, Zip

Please list all member and policy numbers being affected by this change.

Policy Number	Name of Insured

Signature of Member or Applicant (if under age 16)

Date _____