



FRATERNAL COUNCIL TRANSFER

I _____ am currently a member in good standing of
Council No. _____ and I wish to transfer to Council No. _____.

Name of Insured Policy No.

Address (street/city/state/zip) Email:

Phone No. Cell No.

Name of Policy Owner (Print)

Signature of Policy Owner

Date

FORM MUST be submitted with:
Copy of a current photo ID (Driver's License, U.S. Military/ Veteran ID, State-issued ID card)

PFSA Home Office Use Only

Request Mailed to New Council on: _____

Request Approved on: _____