



## District Transfer Form

I, \_\_\_\_\_, am a current member of

District \_\_\_\_\_.

I would like to become a member of District \_\_\_\_\_.

My member information is as follows,

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

Policy number (if available): \_\_\_\_\_

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

\_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

Please use the email address or mailing address listed on the bottom of this page to submit this request.

**GBU Financial Life**  
Fraternal Operations  
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Pittsburgh, PA 15236  
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