



## Application for Change of Beneficiary (certificate not required with application)

\_\_\_\_\_ Name of Insured or Annuitant \_\_\_\_\_ Certificate No.

**I do hereby revoke all former designations of beneficiaries under the above certificate.  
I further do hereby revoke all former elections of settlement options under the above certificate.  
I do hereby designate as beneficiary or beneficiaries under the above certificate the following (enter full designation):**

**(Before completing, please see reverse side for instructions and definition of PRIMARY and CONTINGENT beneficiary)**

PRIMARY BENEFICIARY(IES)	Relationship to Insured or Annuitant	Address of Beneficiary
Full Name		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Equally to the primary beneficiaries who survive the insured or annuitant unless otherwise indicated.

CONTINGENT BENEFICIARY(IES)	Relationship to Insured or Annuitant	Address of Beneficiary
Full Name		
_____	_____	_____
_____	_____	_____
_____	_____	_____

If no primary beneficiary survives the insured or annuitant, then equally to the contingent beneficiaries who survive the insured or annuitant unless otherwise indicated.

Witness to Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Must be disinterested person)

Signature of Witness \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State or Prov. \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State or Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

**For Office Use - Do Not Fill In**

*Christopher J Martin*

Secretary-Treasurer per \_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_

TL Checked by \_\_\_\_\_ Date \_\_\_\_\_ Mailed to:  Insured  Assignee  Agent  Annuitant  \_\_\_\_\_

**INSTRUCTIONS:**

1. Desired beneficiary designation must be placed in the appropriate space on the front of this form.
2. In order to name a contingent beneficiary, a primary beneficiary must be designated.
3. Be sure to specify each beneficiary's relationship to the insured or annuitant in the appropriate space following the name of the beneficiary. Also, please provide each beneficiary's address in the appropriate space.
4. The insured or annuitant is the Applicant unless the certificate is absolutely assigned, then the assignee is the Applicant. No assignment of the certificate is binding on the Society until it has been filed at the Society's Home Office. The Society assumes no obligation for the validity of any assignment. (As to the Applicant in reference to a junior certificate, please see special instructions below.)
5. The signature of the Applicant must be witnessed by a disinterested person (beneficiary cannot be a witness).
6. If naming more than one primary or contingent beneficiary, be sure to note that:
  - a. after the space provided for naming the primary beneficiary(ies), the form provides that the proceeds are to be divided equally between the primary beneficiaries who survive the insured or annuitant (if only one primary beneficiary survives the insured or annuitant, that beneficiary to receive the entire proceeds); and
  - b. after the space provided for naming the contingent beneficiary(ies), the form provides that if no primary beneficiary survives the insured or annuitant, then the proceeds are to be divided equally between the contingent beneficiaries who survive the insured or annuitant (if only one contingent beneficiary survives the insured or annuitant, that beneficiary to receive the entire amount).

If you do not want the proceeds distributed in the above manner, please indicate in the designation the desired distribution. Unequal shares should be indicated by percentages when possible.

7. If a class designation such as "children of the insured or annuitant" is used, please specify below the name and address of each current member of the class. **Remember, the designation must be placed in the appropriate space on the front of this form.**

Name	Street Address	City	State or Prov.
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**SPECIAL INSTRUCTIONS APPLICABLE TO JUNIOR CERTIFICATES ONLY**

1. If the Insured or Annuitant is under age 16, this form must be signed by the Insured's or Annuitant's Representative (see below for definition of Insured's or Annuitant's Representative.)
2. If the Insured or Annuitant is 16 years or older, he or she must sign this form. The Representative's signature is not required.

THE INSURED'S OR ANNUITANT'S REPRESENTATIVE IS: The parent who signed the insurance or annuity application (see copy of application attached to Certificate), if living; if not living, the surviving parent of the Junior, if any, otherwise, the person responsible for the support and maintenance of the Junior.

**DEFINITION OF PRIMARY BENEFICIARY AND CONTINGENT BENEFICIARY:**

The PRIMARY beneficiary is the person designated to receive the certificate proceeds payable upon proof of death of insured or annuitant, if such designated person survives the insured or annuitant (first rights). Two or more primary beneficiaries may be named to share the certificate proceeds.

The CONTINGENT beneficiary is the person designated to receive the certificate proceeds payable upon proof of death of insured or annuitant, if such designated person survives the insured or annuitant and no primary beneficiary survives the insured or annuitant. Two or more contingent beneficiaries may be named to share the certificate proceeds.

PLEASE NOTE: If naming more than one primary or contingent beneficiary, please see No. 6 above.