



Application for Change of Beneficiary

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

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):
Please see instructions and definition of PRIMARY and CONTINGENT beneficiary on page 2 before completing.

PRIMARY BENEFICIARY(IES) Equally to the primary beneficiaries who survive the insured or annuitant unless otherwise indicated.
Full Name Address Phone No. Relationship DOB Social Security No.

Blank lines for entering primary beneficiary information.

CONTINGENT BENEFICIARY(IES) (Optional but Suggested) If no primary beneficiary survives the insured or annuitant, then equally to the contingent beneficiaries who survive the insured or annuitant unless otherwise indicated.

Full Name Address Phone No. Relationship DOB Social Security No.

Blank lines for entering contingent beneficiary information.

X Signature of Applicant/Owner

Date Signed

Address

City State Zip

Phone No. Email Address

X Witness to Applicant/Owner's Signature (Must be disinterested person)

Printed Name of Witness

Address

City State Zip

Phone No.

For Office Use – Do Not Fill In

Christopher J Martin President Per

Date Approved

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

**INSTRUCTIONS:**

1. Desired beneficiary designation must be placed in the appropriate space on the front of this form. If adding beneficiaries but not changing existing beneficiaries, must restate all existing beneficiaries.
2. If a change of beneficiary is desired on more than one certificate, a separate form should be completed for each certificate.
3. Line through and initial any errors or corrections. Do NOT use white-out.
4. In order to name a contingent beneficiary, a primary beneficiary must be designated.
5. Be sure to specify each beneficiary's full name, address, phone number, relationship to the insured or annuitant, date of birth, and social security number in the appropriate space following the name of the beneficiary. This information helps us locate beneficiaries and promptly pay claims.
6. The insured or annuitant is the Applicant/Owner unless the certificate is absolutely assigned, then the assignee is the Applicant/Owner. No assignment of the certificate is binding on the Society until it has been filed at the Society's Home Office. (As to the Applicant/Owner in reference to a junior certificate, please see special instructions below.)
7. The signature of the Applicant/Owner must be witnessed by a disinterested person (beneficiary cannot be a witness).
8. If naming more than one primary or contingent beneficiary, be sure to note that:
  - a. 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. 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. (If percentage shares are given the total percentage must equal 100%.)
9. Any payment to a minor beneficiary shall be made to the legally appointed guardian of his or her estate, unless otherwise permitted by law.
10. If a class designation such as "children of the insured or annuitant's used, please specify below the name, address, phone number, relationship to the insured or annuitant, date of birth, and social security number of each current member of the class. **Remember, the class designation must be placed in the appropriate space on the front of this form. Only use this section if designating a class of beneficiaries. Do not list beneficiaries already stated on the front.**

Full Name	Address	Phone No.	Relationship	DOB	Social Security No.

**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. 8 above.

**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.