



Request for Change Form

Instructions: This form serves as a request and authorization to make a change in your certificate(s) or a change in the office record in accordance with the sections completed below and on the reverse side. Please complete General Information (1) with every request. The owner's signature is required in the appropriate section(s). **If sections other than 1 and 2 are completed, a separate form for each certificate must be completed.**

1 General Information - Completion Required

Certificate No. _____ Insured name _____ Owner _____
(if other than insured)

Mailing Address _____ () _____
P.O. Box Number/Street Telephone Number

_____ City State ZIP

Is this a new address? Yes No

2 Change of Name

Please change name of: Owner Insured/Annuitant

From: _____
(Print present name in full) (Print new name in full)

Reason for change: Marriage Date: _____ Divorce Date: _____ Correction

Other (Explain): _____

Date: _____ Signature of Owner _____

3 Request for Change of Beneficiary

I request the Society to change the beneficiary under the certificate as set forth in the space below.
Clearly designate the beneficiary by including each beneficiary's full name, relationship, date of birth, Social Security number and address.
Initial any corrections made.

Unless otherwise specified, two or more named beneficiaries share equally or equally to the survivors. No change of beneficiary will take effect unless recorded by the Society at its Home Office. When so recorded, the change will take effect as of the date this request was signed, but without prejudice to the Society on account of any payment made or other action taken by it before receipt of this request at its Home Office. I represent and certify that no insolvency or bankruptcy proceedings are now pending against me.

Signature of adult witness other than a beneficiary _____ Signature of Owner _____

Mailing Address _____ Date: _____

City, State and ZIP _____

I hereby agree to the above Request for Change of Beneficiary and waive any community property or Uniform Marital Property Act (UMPA) rights, as applicable, that I may have in the subject of this request. If the spousal consent is not signed, the above signature is certification that no spousal consent is required.

Signature of Spouse of Certificateowner: _____
(Required for residents of AZ, CA, ID, LA, NM, NV, TX, WA, WI)

**Do not write in this space
(For office use only)**



	4 Lost or Destroyed Certificate
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I state that the certificate has been either lost or destroyed and that I have no knowledge as to its whereabouts; that the certificate consequently cannot be returned to the Society; that the certificate has not been sold, transferred, assigned or pledged by me, or by anyone with authority representing me, to any person or person, corporation or firm whatsoever, and that no person or persons, corporation or firm, except me, has any right title or interest in the certificate, or any benefits therein promised by the Society. On the basis of this statement, I request that the Society furnish to me a "Certification of Insurance".

Signature of Witness

Signature of Owner

Date: _____