

# DESIGNATION OF BENEFICIARY for Life Insurance

Policy Number \_\_\_\_\_ Name of Insured \_\_\_\_\_

All previous designations of beneficiary and elections of Optional Modes of Settlement applicable to proceeds payable under the certificate by reason of the Insured's death are hereby revoked. The new beneficiary designation with respect to proceeds payable by reason of the Insured's death is made as indicated below.

**PRIMARY BENEFICIARY(IES)**

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Insured \_\_\_\_\_

**CONTINGENT BENEFICIARY(IES)**

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Name in Full (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female \_\_\_\_\_ Address \_\_\_\_\_

Dated: \_\_\_\_\_, \_\_\_\_\_

Signature of Insured or Owner \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

**ACKNOWLEDGEMENT BY THE SOCIETY**

The Society acknowledges it received and filed the foregoing instrument and has filed an original copy at its Home Office. The Society agrees it shall constitute an endorsement of the certificate if endorsement is required.

Attest: \_\_\_\_\_ Date: \_\_\_\_\_, \_\_\_\_\_

After receipt is acknowledged by the Society at its Home Office, a facsimile copy will be returned to be attached to the policy.