



Application for Change of Beneficiary or Name

Please see instruction sheet before completing. Please print all information in black or dark blue ink. Do NOT use white-out. Line through and initial any errors or corrections.

HOME OFFICE: 1701 1ST AVENUE, ROCK ISLAND, ILLINOIS 61201
800-447-9811, www.modern-woodmen.org

PAGE 1 - APPLICATION FOR BENEFICIARY CHANGE

Insured's Full Name (Print)	Insured's Social Security No.	Certificate Number
-----------------------------	-------------------------------	--------------------

I hereby revoke all previous beneficiary designations and optional methods of settlement and request that the proceeds shall be payable to:

(Please print all information)

Principal Beneficiary (First, Middle, Last, Suffix)	Relationship to Insured	Social Security No.	Address of Each Beneficiary

(Equally to the surviving principal beneficiaries unless otherwise indicated.)

Contingent Beneficiary (First, Middle, Last, Suffix)	Relationship to Insured	Social Security No.	Address of Each Beneficiary

(If no principal beneficiary survives, then equally to the surviving contingent beneficiaries unless otherwise indicated.)

METHOD OF SETTLEMENT (Complete in All Cases)

One Sum
 Deposit at Interest (Proceeds left with the Society to earn interest)
 Other (Specify)

(Unless otherwise specifically requested, the beneficiaries shall have the right to change the method of settlement.)

No change of beneficiary shall be effective until such change is acknowledged in writing by the National Secretary. When so acknowledged, the change will take effect on the date notice was signed, subject to any payment made or other action taken by the Society before such acknowledgment.

CERTIFICATE MODIFICATION. If the certificate to which this application pertains has any provision requiring that a change of beneficiary be endorsed on the certificate, or that the certificate be surrendered and a new certificate be issued payable to such other beneficiary, then it is requested that such certificate be modified to include the following provision, and any provision of the certificate inconsistent with the requested provision shall be null and void. "The beneficiary designation may be changed at any time while the insured is living by filing written notice in form satisfactory to the Society at its Home Office. When acknowledged in writing by the National Secretary, the change shall take effect on the date notice was signed, subject to any payment made or other action taken by the Society before such acknowledgment. The Society may require that the certificate be presented for endorsement of any such change." Acknowledgment of this application by the National Secretary shall constitute modification of the provisions of the certificate in accordance with the above request.

Signed At _____ Date _____
City State Month Day Year

Witness X _____ X _____
(A PERSON OTHER THAN A BENEFICIARY) (COMPLETE WRITTEN SIGNATURE OF INSURED OR APPLICANT)

Witness is Agent: Agency _____ Agent No. _____ Telephone No. of Applicant _____ / _____
 Other Area code Number

MAILING DIRECTIONS (Print)

NAME

ADDRESS

CITY STATE ZIP

FOR HOME OFFICE USE ONLY

Modern Woodmen of America acknowledges that a copy of the foregoing application has this date been filed at its Home Office.

DATE NATIONAL SECRETARY



PAGE 2 APPLICATION FOR NAME CHANGE

Insured's Full Name (Print) _____		Certificate Number _____	
The name of the <input type="checkbox"/> Insured <input type="checkbox"/> Applicant has been changed to: (Print) _____ <small>* New complete legal name (First, Middle, Last, Suffix)</small>			
The reason for the change is: <input type="checkbox"/> Marriage <input type="checkbox"/> Adoption <input type="checkbox"/> Divorce <input type="checkbox"/> Other (Specify) _____			
X _____ WRITTEN SIGNATURE OF INSURED OR APPLICANT		Date _____ Month Day Year	
X _____ WITNESS TO APPLICANT'S SIGNATURE			
Witness is <input type="checkbox"/> Agent: Agency _____ Agent No. _____ <input type="checkbox"/> Other			

* The full name of a married woman should be stated, for example, "Mary Ann Jones" not "Mrs. John C. Jones."

**FOR INSTRUCTIONS ON COMPLETION,
PLEASE REFER TO THE ATTACHED SHEET**

INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR CHANGE OF BENEFICIARY OR NAME

Upon completion, this form is to be forwarded to the appropriate address listed on the backside of this page. If the change of beneficiary section has been completed properly, an acknowledged copy will be returned to be attached to the certificate of insurance.

APPLICATION FOR BENEFICIARY CHANGE --- PAGE 1

1. If a change of beneficiary is desired on more than one certificate, complete a separate form for each certificate.
2. Use of the change of beneficiary section of the application automatically revokes all prior beneficiary designations. Therefore, even if a principal or contingent beneficiary is to remain, such beneficiary must be renamed on this form.
3. The applicant completing this form **cannot** specify how a beneficiary is to use the proceeds.
4. The proceeds for minor beneficiaries are held by the Society until they attain legal age, unless a court-appointed guardian requests payment prior to that time.
5. Print the full names of the desired principal and contingent beneficiaries, their relationships to the Insured, and their current addresses. The proceeds will be paid to the person(s) named in the contingent beneficiary section if no principal beneficiary survives the Insured.

6. Sample Beneficiary Designations

a) Married Women

The full name of a married woman should be stated, for example, "Mary Ann Jones" not "Mrs. John C. Jones."

b) Brothers and Sisters

If the Insured desires to name **all** their brothers and sisters as a class of principal or contingent beneficiaries, the appropriate designation is "**Insured's brothers and sisters.**" However, if the Insured desires to name **only** their sisters or **only** their brothers, they must be individually named. **Do not** use the designations "Insured's sisters" or "Insured's brothers."

c) Children

If the Insured desires to name **all** their children as a class of principal or contingent beneficiaries, the appropriate designation is "Insured's Lawful Children". The term "Insured's Lawful Children" includes all children born to or legally adopted by the Insured, including any children born after the date of this beneficiary designation. Stepchildren are **not** included in this designation. Stepchildren must be listed with complete name and relationship.

d) Estate as Beneficiary

If the Insured desires the proceeds to be paid to their estate, the appropriate designation is "Insured's Estate". If "Insured's Estate" is named as the principal beneficiary, no contingent beneficiary can be named.

7. Trust as Beneficiary*

a) **Inter Vivos (Living) Trust.** The trust must be in effect at the time the beneficiary designation is requested. If the proceeds are to be paid to a Trustee, the appropriate designation is, "To _____ (Name of Trustee), or its successors in trust, as Trustee under _____ (Name of Trust) Trust Agreement dated _____ (Date), and executed by _____ (Name)." A final beneficiary should also be named to receive the proceeds if the trust is not properly qualified. All of the above information is necessary to process the beneficiary change.

b) **Testamentary Trust.** If the Insured desires the proceeds be paid to a trust created by the provisions of their Last Will and Testament, the appropriate designation is "To the trustee or trustees named in the Last Will and Testament of the Insured; provided that if proper claim has not been filed within 90 days after written notice of the Insured's death is received at the Home Office of the Society, the proceeds shall be paid to _____ (Name of Contingent Beneficiary), _____ (Relationship to Insured)."

***NOTE:** The trust of an applicant can only be named as a contingent beneficiary when the Insured is a minor. It is necessary to name an individual as a final beneficiary to receive the proceeds in the event the trust is not properly qualified.

GENERAL INSTRUCTIONS

1. **Signature Required.**

The person having legal control of the certificate should sign the beneficiary change request using his or her full and complete name either as set forth in the certificate or as set forth in the most recent name change request furnished to the Society. All signatures should be original and in written form. Printed or stamped signatures are generally not acceptable.

- a) If the issue age stated on page one of the certificate is **16 or more**, the Insured should sign.
- b) If the **issue** age stated on page one of the certificate is **15 or less**, the required signature will depend on the present age of the Insured.
 - 1. The Applicant should sign if the Insured has not yet reached 21 years of age.
 - 2. The Insured should sign if he is now age 21 or over.
- c) If the **certificate** has been absolutely assigned, the assignee should sign as applicant.

2. **Date.**

The application should be dated.

3. **Witness.**

The signature should be witnessed by an adult other than a beneficiary.

4. **Corrections or Amendments.**

Any cross-outs or areas that are written over on the application must be initialed by the person having legal control of the certificate.

5. **Mailing Directions.**

The mailing directions must be completed in **all cases** as this will be the address label used to return an acknowledgment of the requested change.

APPLICATION FOR NAME CHANGE --- PAGE 2

If the name of the **Insured** or **Applicant** is to be changed on the Society's records, the information in the Application for Name Change section should be completed. List the new name and the reason for the change. The person who has control of the certificate should then sign and date the proper areas.

DO NOT SEND CERTIFICATE

MAILING ADDRESS

For Nonvariable Products:
Modern Woodmen of America
Members' Service Dept.
1701 1st Avenue
Rock Island, IL 61201

For Variable Products:
Modern Woodmen of America
Variable Product Administrative Center
PO Box 9284
Des Moines, IA 50306-9284