

Application for Change of Beneficiary or Name

Modern Woodmen of America
 1701 1st Avenue
 Rock Island, Illinois 61201
 1-800-447-9811
 www.modern-woodmen.org



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.

PAGE 1 — APPLICATION FOR BENEFICIARY CHANGE

Insured's Full Name (Print)	Insured's Social Security No.	Certificate Number
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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)			
<i>Principal Beneficiary (First, Middle, Last, Suffix)</i>	<i>Relationship to Insured</i>	<i>Social Security No.</i>	<i>Address of Each Beneficiary</i>

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

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

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

METHOD OF SETTLEMENT (Complete In All Cases)	<input type="checkbox"/> One Sum	<input type="checkbox"/> Deposit at Interest (Proceeds left with the Society to earn interest)	<input type="checkbox"/> 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 _____ City _____ State _____	Date _____ Month _____ Day _____ Year _____
Witness X _____ (A PERSON OTHER THAN A BENEFICIARY)	X _____ (WRITTEN SIGNATURE OF INSURED OR APPLICANT)
Witness is <input type="checkbox"/> Agent: Agency _____ Agent No. _____ <input type="checkbox"/> Other	Telephone No. of Insured _____ / _____ 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



APPLICATION FOR BENEFICIARY CHANGE — PAGE 1

To process a beneficiary change, this form must be completed and returned to our Home Office.

1. If a change of beneficiary is desired on more than one certificate, a separate form must be completed for each certificate.
2. This change of beneficiary form automatically revokes all prior beneficiary designations. Therefore, even if a principal or contingent beneficiary is to remain the same, 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. 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 written **not** printed. Printed or stamped signatures are 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 they are now age 21 or over.
- c) If the certificate is owned by a third party or has been absolutely assigned, the third party owner or the assignee should sign.

7. Date.

The application should be dated with a current date.

8. Witness.

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

9. 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. **The use of white out or correction tape is not permitted.**

10. Mailing Directions.

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

The beneficiary designation will remain unchanged until the properly completed form is received and acknowledged at our Home Office. When the form is received, the change will be processed and an acknowledgment sent to you to confirm the change.

If you have any questions, please contact your Modern Woodmen Representative or our Home Office at 1-800-447-9811.

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 on page 2 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.

SAMPLE BENEFICIARY DESIGNATIONS

1. Married Women

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

2. Brothers and Sisters

If it is desired to name **all** of the brothers and sisters of the Insured as a class of principal or contingent beneficiaries, the appropriate designation is “**Insured’s brothers and sisters.**” However, if **only** the Insured’s sisters or **only** the Insured’s brothers are to be named, they must be individually named. **Do not** use the designations “Insured’s sisters” or “Insured’s brothers.”

3. Children

If it is desired to name **all** of the Insured’s 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.

4. Estate as Beneficiary

If it is desired that the proceeds be paid to the Insured’s estate, the appropriate designation is “**Insured’s Estate.**” If “Insured’s Estate” is named as the principal beneficiary, no contingent beneficiary can be named.

5. Trust as Beneficiary

a) **Inter Vivos (Living) Trust.** The trust must be in effect at the time the beneficiary designation is completed. It is necessary to furnish the name of the trust, the name of the trustee(s), the date the trust was executed and who executed it.

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 it is desired to have the proceeds paid according to the Insured’s Last Will and Testament, the appropriate designation is “**The Last Will and Testament of the Insured.**”

A final beneficiary should also be named to receive the proceeds if the trust is not properly qualified.

6. Beneficiaries on a Minor Insured

Beneficiaries for a minor Insured must **always** have an insurable interest in the life of the child. Insurable interest is when an individual is responsible either in whole or in part for the care and welfare of the child. A parent or a grandparent are automatically assumed to have an insurable interest in the child’s life.

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
P.O. Box 9284
Des Moines, IA 50306-9284