



# APPLICATION FOR CHANGE OF APPLICANT ON JUNIOR CERTIFICATE

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

**Please see instructions on back of form.**

Insured's Name in Full (Print First, Middle, Last, Suffix)	Name of Surrendering or Former Applicant	Certificate Number
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**PART ONE – To be completed by Surrendering Applicant, releasing all control rights.**

I hereby renounce all interest in the Certificate identified above and agree that said interest shall cease simultaneously with any change effected in accordance with this application.

Signed at \_\_\_\_\_ Date \_\_\_\_\_  
City State Month Day Year

X \_\_\_\_\_ X \_\_\_\_\_  
WITNESS to signature of Surrendering Applicant Written Signature of Surrendering Applicant

Witness is  Agent Agency \_\_\_\_\_ Agent Number \_\_\_\_\_ Telephone No. \_\_\_\_\_ / \_\_\_\_\_  
 Other

**PART TWO – To be completed by Proposed Applicant.**

**1. Data concerning Proposed Applicant.**

Name \_\_\_\_\_  
(First, Middle, Last, Suffix)

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ / \_\_\_\_\_  
Area Code Number

Relationship to Insured \_\_\_\_\_

Social Security No. | | |

Under penalties of perjury, I certify that the above number is my correct Social Security Number.

**2. (a) Proposed Applicant's Support of Insured (Check one)  Full  Part  None**

**(b) Does Insured live with Proposed Applicant?  Yes  No**

If no, with whom does Insured live?

Name \_\_\_\_\_

Relationship to Insured \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ / \_\_\_\_\_

**3. Change of Applicant is requested for the following reason:**

- The Former Applicant has died. Date of Death \_\_\_\_\_  
Month Day Year
- The Applicant has renounced all interest in the Certificate. (The Surrendering Applicant must also complete Part One above).

I hereby petition Modern Woodmen of America to name me as Applicant for the Certificate identified above. It is understood and agreed that unless a change of beneficiary is properly requested any death benefit will be payable to the beneficiary of record at the time of this application.

Signed at \_\_\_\_\_ Date \_\_\_\_\_  
City State Month Day Year

X \_\_\_\_\_ X \_\_\_\_\_  
WITNESS to signature of Proposed Applicant Written Signature of Proposed Applicant

Witness is  Agent Agency \_\_\_\_\_ Agent Number \_\_\_\_\_  
 Other



## **Instructions for Completion of Application For Change of Applicant on Junior Certificate**

A Junior Certificate is one in which the Insured had a rating age of 15 or less at the time of original issue. When the person insured under a Junior Certificate attains 21 years of age (age 16 in New York), the Certificate is no longer considered to be a Junior Certificate and the Insured automatically receives complete control.

**1. If current Applicant wishes to release all rights to a new proposed Applicant:**

Part One must be completed by the surrendering Applicant *before* the proposed Applicant completes Part Two, Items 1, 2 and 3. The Proposed Applicant's written signature is required where indicated.

*Note: The proposed Applicant must be a person who is responsible in whole or part for the care and welfare of the Insured.*

**2. If current Applicant is deceased:**

**a. Insured is under 16 on Applicant's date of death**

Part Two, Items 1, 2 and 3 must be completed by the new Applicant. Please furnish the date of death. The application should then be signed by the new Applicant in the appropriate area.

**b. Insured is 16 or older on Applicant's date of death**

Part Two, Items 1, 2 and 3 must be completed by the Insured. Please furnish the date of death. The application should then be signed and dated by the Insured in the appropriate area.

**3. If current Applicant wishes to release all rights to Insured:**

Insured must be at least 16 years old and under 21 years. Part One needs to be completed by the Applicant. The Insured should then complete Part Two, Items 1, 2 and 3. The Insured should then sign and date the form where indicated.

**4. All completed parts of the application should be dated and witnessed by a disinterested person. The completed form should be returned to the appropriate address below.**

This form does **not** change the beneficiary for any death benefits which may become payable. If a Change of Beneficiary is desired, then Application for Change of Beneficiary, Form 948, must also be completed and returned to the address below.

Please mail this form to:

For Nonvariable Products:  
Modern Woodmen of America  
Members' Service Department  
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