

APPLICATION FOR CHANGE OF APPLICANT ON JUNIOR CERTIFICATE

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



PLEASE see instructions on back of form

Insured's Name in Full (Print)	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 No. _____ 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 _____

Male Female Date of Birth _____
Month Day Year

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. (_____) _____
Area Code Number

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 No. _____
 Other



INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR CHANGE OF APPLICANT ON JUNIOR CERTIFICATE

A Junior Certificate is one in which the Insured had an issue 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 address below.

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

Please mail this form to:

Modern Woodmen of America
Members' Service Department
1701 1st Avenue
Rock Island, IL 61201