

# Request for Change of Beneficiary or Name

Modern Woodmen of America  
 1701 1st Avenue, Rock Island, IL 61201  
 Phone: 309-558-3077 or 1-800-447-9811  
 www.modernwoodmen.org



Insured's Full Name: \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Insured's Email: \_\_\_\_\_

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

**I hereby revoke all previous beneficiary designations and request that the proceeds shall be payable to:**  
**Principal Beneficiary (Required)** – Equally to the surviving principal beneficiaries unless otherwise indicated.

Named Individuals – Enter the requested information for each named individual.

First, Middle Initial, Last	Address	Relationship	Date of Birth	Social Security No.

**Email** \_\_\_\_\_

- Living Trust – Name of Trust \_\_\_\_\_ Date of Trust \_\_\_\_\_  
 Grantor/Executed by \_\_\_\_\_ Trustee(s) \_\_\_\_\_  
 Final Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Trust under Insured's Will. Final Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Estate of Insured. If choosing this option, DO NOT enter additional names in the Principal or Contingent Beneficiary section.

**Contingent Beneficiary (Optional)** – If no principal beneficiary survives the Insured, then equally to the surviving contingent beneficiaries unless otherwise indicated.

Named Individuals – Enter the requested information for each named individual.

First, Middle Initial, Last	Address	Relationship	Date of Birth	Social Security No.

**Email** \_\_\_\_\_

- Living Trust – Name of Trust \_\_\_\_\_ Date of Trust \_\_\_\_\_  
 Grantor/Executed by \_\_\_\_\_ Trustee(s) \_\_\_\_\_  
 Final Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Trust under Insured's Will. Final Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Estate of Insured. If choosing this option, DO NOT enter additional names in the Contingent Beneficiary section.

**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 this request was signed, subject to any payment made or other action taken by the Society before such acknowledgment.

Signed at (City, State) \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Day Year

X \_\_\_\_\_  
 (Signature of Owner/ Applicant)

Witness X \_\_\_\_\_  
 (Signature of Witness - A person other than a beneficiary)

Street Address \_\_\_\_\_

Witness is:  Agent: Region \_\_\_\_\_  
 Agent No. \_\_\_\_\_

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

Other: Printed Name \_\_\_\_\_  
 Relationship \_\_\_\_\_

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

Change of Address



# Request for Name Change

Insured's Full Name (Print) _____	Certificate Number _____
The name of the <input type="checkbox"/> Insured <input type="checkbox"/> Owner has been changed to: (Print) _____ <div style="text-align: right; margin-right: 100px;">New complete legal name (First, Middle, Last, Suffix)</div>	
The reason for the change is: <input type="checkbox"/> Marriage <input type="checkbox"/> Adoption <input type="checkbox"/> Divorce <input type="checkbox"/> Other (Specify): _____ <div style="text-align: right; margin-right: 100px;"><i>If selecting Other, please provide copy of legal documentation.</i></div>	
X _____ <div style="text-align: center; margin-left: 100px;">Signature of Insured or Owner</div>	Date _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
X _____ <div style="text-align: center; margin-left: 100px;">Signature of Witness</div>	
Witness is <input type="checkbox"/> Agent: Region _____ Agent No. _____ <input type="checkbox"/> Other: Printed Name _____	

## Instructions for Change of Beneficiary Request – Page 1

**The beneficiary designation will remain unchanged until the properly completed form is received and acknowledged in writing at our Home Office.**

- If a change of beneficiary is desired on more than one certificate, a separate form should be completed for each certificate.
- Designate beneficiary(ies) by selecting the check box next to the appropriate category(ies) and then complete requested information.
- This change of beneficiary form, once acknowledged, will automatically revoke all prior beneficiary designations. Therefore, even if a principal or contingent beneficiary is to remain, such beneficiary must be renamed on this form.
- The owner/applicant completing this form **cannot** specify how a beneficiary is to use the proceeds.
- The proceeds for minor beneficiaries are held by the Society until they attain legal age, unless a court-appointed guardian of the minor's estate properly requests payment prior to that time.
- **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 is automatically assumed to have an insurable interest in the child's life.
- **Named Individuals:** When naming individual beneficiaries, print the full names of the desired principal and contingent beneficiaries, their addresses, their relationships to the Insured, dates of birth and Social Security numbers. Proceeds will be paid equally to the surviving principal beneficiaries unless otherwise indicated. The proceeds will be paid to the person(s) named in the contingent beneficiary section only if no principal beneficiary survives the Insured. If additional space is needed, attach a signed and dated sheet. **Note:** This space may also be used to name corporations, businesses, or charitable organizations. Include address, city, state and taxpayer ID if applicable.
- **Class Designations:** When designating a class of beneficiaries, i.e. lawful children, print the name and address of each person in the class who is presently living in the box below. If additional space is needed, attach a signed and dated sheet. This information may assist in identifying and locating beneficiaries; however, class members entitled to receive benefits will be comprised of any and all class members who survive the Insured.
- **Trust (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 date the trust was executed, who executed it, and the name of the trustee(s). A final beneficiary must be named to receive the proceeds if the trust is not properly qualified or fails to make claim within 120 days from the date of death.
- **Trust under Insured's Will (Testamentary Trust):** The proceeds paid to the trustee named in the Insured's Last Will and Testament. A final beneficiary must be named to receive the proceeds if the trust is not properly qualified or fails to make claim within 120 days from the date of death.
- **Method of Settlement.** All or part of the proceeds may be left with Modern Woodmen under a settlement option. If Deposit at Interest or any Other Optional Method of Settlement is selected and a principal beneficiary (payee) is eligible to receive payment but dies before any of the proceeds have been paid, then, unless otherwise provided, the proceeds will be paid to any then surviving principal beneficiaries; if none, to any then surviving contingent beneficiaries; if none, in one sum to the estate of the payee. If One Sum is selected and a beneficiary is eligible to receive payment but dies before any of the proceeds have been paid, then, unless otherwise specified, the proceeds will be paid in one sum to the beneficiary's estate. Deposit at Interest may not be selected for a tax qualified certificate, such as an IRA.
- **Signature Required.** The person having legal control of the certificate should sign the beneficiary change request using his or her full name. All signatures must be original.
- **Date.** The application should be dated with the month, day and year it is signed.
- **Witness.** The signature should be witnessed by an adult other than one named as a beneficiary.
- **Questions:** Please contact your Modern Woodmen Representative or our Home Office at 1-800-447-9811.

<b>INSTRUCTIONS:</b> If a class designation was chosen as your beneficiary, please fill out the name and address of each person in the class who is presently living.	
<b>NAMES OF PRESENTLY LIVING MEMBERS OF THE CLASS</b>	<b>ADDRESSES IF DIFFERENT THAN INSURED'S</b>