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Change of Beneficiary Authorization Form

(Please Print)

Date	Lodge Number	Social Security Number			Indicate all Policy/Annuity Numbers	
Full Name of	Insured					
Street Address	S					
City		State		Zip		
•						% of
	Full Name of Beneficiary	Date of Birth	Relationship	Ad	ldress	Distribution
Primary:		· 		_		
SS#		-				
Primary:		· 	-	_		
SS#		-				
Contingent:		. 		_		
SS# _		_				
Contingent:						
	minor (under age 18) as a benef		mind that they m	ay not take persection of t	ho monov until o	go 18
If beneficiar	ries differ on each policy/annuity eet that is signed by the insured/o	, you must complete o	one of these forms	for each policy you hold.	If more space is	s needed, please attach a
any materially	o knowingly and with intent to defi false information or conceals, for e and subjects such person to crim	the purpose of misleadi	ing, information co			
			Spousal Waiver			
	s form, I agree with my spouse's a my right to any community prope			operty state and if my spo	use has designated	d a beneficiary other than
Spouse's Signa	ture	Date		Vitness's Signature		Date
	Spouse's signature	must be witnessed by	someone other tha	n a designated or potentia	l beneficiary.	
Date and signa	ture required					
Signed this	day of		, 20	_		
X	Owner					
	Owner ned do hereby verify that the above			an was at the time of sion	ina this annlisatio	n of sound mind and that
this is his/her v		e signature is genuine a	and that said memo	er was, at the time of sign	ing this applicatio	n, or sound mind and that
XSignature of :	Secretary or Notary Public or Ager	nt or Impartial Witness			<u></u>	
	secretary of from y I done of Ager	. o. imparaur miness				
Print Name						
X						
Address		City	State	Zip		