



## CATHOLIC FRATERNAL LIFE

2021 MASCOUTAH AVE – PO BOX 327  
BELLEVILLE, IL 62222-0327  
618-233-0286 or 1-800-240-2554

### ***CHANGE OF BENEFICIARY FORM*** **PLEASE PRINT**

Insured's Name \_\_\_\_\_ Certificate/Annuity No. \_\_\_\_\_

Insured's Address \_\_\_\_\_

I hereby revoke any former Beneficiary designation on the above mentioned Certificate/Annuity and do hereby name the following person or persons as the new beneficiary (ies)

#### **NEW PRIMARY BENEFICIARY**

Name and Address \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name and Address \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name and Address \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_

#### **NEW CONTINGENT BENEFICIARY**

Name and Address \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name and Address \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name and Address \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_

***Signature is required on page 2 of this form.***

(Continued from page 1)

The undersigned insured/owner or annuitant of this certificate consents to the above changes. The changes will not be effective until the Home Office receives and approves these changes.

Dated this \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_  
(City)

\_\_\_\_\_  
*Witness Signature (Must be Age 16 or older)*

\_\_\_\_\_  
*Insured/Owner/Annuitant Signature*

\_\_\_\_\_  
*Witness Print (Must be Age 16 or older)*

\_\_\_\_\_  
*Insured/Owner/Annuitant Print*

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**HOME OFFICE USE ONLY**

Received at Catholic Fraternal Life, Belleville, Illinois this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Changes made \_\_\_\_\_ Approved by \_\_\_\_\_

**PLEASE ATTACH THIS CHANGE OF BENEFICIARY TO YOUR LIFE INSURANCE CERTIFICATE.**

Additional Comments: