



NATIONAL CATHOLIC SOCIETY OF FORESTERS

320 S. School Street – Mount Prospect, IL 60056-3334 – 1.800.344.6273

CHANGE OF BENEFICIARY

Certificate _____ Insured _____ Court _____ Roster _____

After this change has been acknowledged in the Home Office, the effective date of change will be the owner signature date. All prior beneficiary designations are revoked. The Society and Owner waive all requirements that a change of beneficiary be endorsed on the certificate.

Primary Beneficiary(ies): Use this space to name your Primary Beneficiaries.

(PLEASE PRINT CLEARLY USING BLACK OR BLUE INK ONLY)

Name (FIRST, INITIAL, LAST)	Date of Birth	Address, City, State, Zip	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please name any Contingent Beneficiaries on reverse side.

If naming a Trust, we need to know: (PLEASE CHECK ONLY ONE) Primary _____ OR Contingent _____

Trust Agreement Name: _____ Trust Agreement Date _____

Please Note: If the Trust is terminated, payment will be made to the Executor or Administrator of my estate

If naming a Funeral Expense, we will first satisfy unpaid funeral expenses in accordance with state limitations. Any remainder shall be payable to the said beneficiary and/or beneficiaries.

(PLEASE PRINT CLEARLY USING BLACK OR BLUE INK ONLY)

Name (FIRST, INITIAL, LAST)	Date of Birth	Address, City, State, Zip	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Signature of owner _____ Date _____

WITNESS (OTHER THAN A RELATIVE) MUST COMPLETE THIS SECTION FULLY
Witness Name (Notary Public – Official Seal)

FOR HOME OFFICE USE ONLY

(PRINT FULL NAME)

Witness Signature

Notary Public Official Seal and Notary Signature

Acknowledgement is hereby made of the receipt and acceptance for filing and recording of the original of the foregoing change of beneficiary

National Secretary

Date



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CHANGE OF BENEFICIARY

Certificate _____ Insured _____

If using this side, please sign and date this page as well.

Contingent Beneficiary(ies): Use this space to name your Contingent Beneficiaries.

(PLEASE PRINT CLEARLY USING BLACK OR BLUE INK ONLY)

Name (FIRST, INITIAL, LAST)	Date of Birth	Address, City, State, Zip	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of owner _____ Date _____

Examples of Acceptable Illustrative Beneficiary Designations

The use of "And / Or" is not an acceptable term. The use of "Or" is not an acceptable term.

Insured's Estate

"To the Executor or Administrator of the insured's estate."

1. Primary Beneficiary (one only)

"Mary Smith - Wife."

If the Beneficiary is not related to the insured,

"John Smith - Friend."

2. Two Beneficiaries (two or more equally)

"John Smith and Mary Smith- Parents."

Payment to be made equally to beneficiary or beneficiaries who survive the insured.

3. Organization

"To (Corporate Name) (Principle Office Address) to be used for (indicate what purpose)."

Contact Organization to obtain Corporate Name and address.

4. Trust

Name of trust and date of trust.

If the trust is not in effect as of the insured's date of death, payment will be made to the estate of the insured.

5. Last Will in Testamentary Trust

Payment will be made to the trustee of the trust established as of the insured's date of death.

6. Children and Grandchildren

"To the living descendants of the insured per stirpes"