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## Request For Change Of Beneficiary, Owner, or Name

Insured: \_\_\_\_\_ Owner (if other than insured): \_\_\_\_\_

Certificate Number(s): \_\_\_\_\_

*(if more than one contract is listed, this form applies to all of them as a group as if they were one contract. "Insured" means the Annuitant if this form applies to an annuity contract.)*

**Revocation:** I revoke all prior beneficiary designations and replace them with the following designations. **UNLESS OTHERWISE INDICATED, SURVIVING BENEFICIARIES WILL SHARE DEATH BENEFIT EQUALLY.** If there is no surviving Beneficiary, payment will be made to the Owner or, if the Owner is the Insured or died before the Insured, to the Owner's Estate.

**PRIMARY BENEFICIARY(IES):** Use first name, middle initial, last name, Social Security number, and relationship to the insured.

Name (First, Initial, Last)	Relationship To Insured	Gender	Date of Birth	Address/Social Security #
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

**CONTINGENT BENEFICIARY(IES): WILL RECEIVE BENEFITS ONLY IF PRIMARY BENEFICIARY(IES) DOES NOT SURVIVE YOU.**

Name (First, Initial, Last)	Relationship To Insured	Gender	Date of Birth	Address/Social Security #
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

<b>Estate as Beneficiary</b>	Primary	Contingent
The Insured's Estate	<input type="checkbox"/>	<input type="checkbox"/>

<b>Trust as Beneficiary</b> <i>(Complete Verification of Trust form if second option is selected)</i>	Primary	Contingent
<input type="checkbox"/> Trust under the Insured's last Will.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trust name _____ Trust dated _____ as amended.	<input type="checkbox"/>	<input type="checkbox"/>

**The Owner may check one or more of the following options to modify the preceding designations:**

<input type="checkbox"/> The share of any Beneficiary who does not survive shall be paid in equal shares to the Beneficiary's surviving children.	Primary	Contingent
<input type="checkbox"/> A Beneficiary who dies within 30 days after the Insured's death shall be deemed not to have survived.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If I named a Custodian for a Beneficiary who is a minor at the time of payment, the Beneficiary's share shall be paid to the Custodian under the Uniform Transfers (or Gifts) To Minors Act of the state in which the Beneficiary is then domiciled. <b>(Choosing this option can reduce expense and delay at the time of payment.)</b>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Custodian is: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Witness \_\_\_\_\_ Owner's Social Security Number \_\_\_\_\_

Insured: \_\_\_\_\_ Owner (if other than insured): \_\_\_\_\_

Certificate Number(s): \_\_\_\_\_

**CHANGE OF NAME (INSURED AND/OR OWNER)**

New Name: \_\_\_\_\_  Owner  Insured

Reason:  Marriage  Divorce  Other (attach copy of legal order)

**TRANSFER OF OWNERSHIP**

**(The New Owner will be the Premium Payer unless other instructions are received)  
(New Owner should also complete and sign Beneficiary section on other side)**

I hereby transfer and assign to New Owner (and to Successor Owner, if any, on New Owner's death during the insured's life) the ownership of this contract together with all rights and privileges incident to owning the contract.

1. **New Owner** (Individual/Entity\*) \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_

If a trust, complete Verification of Trust form.

Address of New Owner \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Social Security/Tax ID# \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

\*If an entity, name a contact person \_\_\_\_\_ Phone # \_\_\_\_\_

**New Owner's Signature** \_\_\_\_\_

(If the New Owner is not the Insured, also complete Successor Owner section - does not apply to annuity contracts)

2. **Successor Owner** \_\_\_\_\_

Address of Successor Owner \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Social Security/Tax ID# \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**SIGNATURE FOR NAME CHANGE AND/OR OWNERSHIP TRANSFER**

*(If you are changing the beneficiary you must always sign on the reverse side. If you are making a name change or transferring ownership, you must always sign on this side. Sign on both sides if you are changing the beneficiary and making a name or ownership change.)*

I hereby make the name change and/or ownership transfer specified above. To the best of my knowledge there has been no assignment, or legal action taken/pending that would prevent me from making such change.

**Signature of Current Owner** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Owner's Social Security No.** \_\_\_\_\_

**Contact & Mailing Information**

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**For Home Office Use only**

Acknowledged and recorded on \_\_\_\_\_ by \_\_\_\_\_