



CATHOLIC ORDER OF FORESTERS

A FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883

355 Shuman Boulevard, PO Box 3012, Naperville, IL 60566-7012

Toll-free 800-552-0145 • TTY 800-617-4176 • www.CatholicForester.org

NAME/ADDRESS CHANGE

To make a name or address change for your Catholic Order of Foresters' (COF) product, please fully complete the following form. You will receive a confirmed copy of this document for your records. Information provided is for internal purposes only and will not be sold or otherwise transferred to any goods and services vendor, third parties, or entities that are not involved in COF's business operations.

INFORMATION UPDATE

If any information needs updating on Catholic Order of Foresters' records, please check box next to data corrected.

<input type="checkbox"/> Owner's name (Print First, Middle, Last)	<input type="checkbox"/> Social Security or Tax ID#	<input type="checkbox"/> Phone	
<input type="checkbox"/> Street address	<input type="checkbox"/> City	<input type="checkbox"/> State	<input type="checkbox"/> Zip

NAME CHANGE

Please record the following name change for (check one):

- Policyowner Insured Joint owner Other
- Beneficiary Contingent beneficiary Annuitant

If "Other" specify _____

From _____ To _____ on _____
Previous legal name Current legal name Date

I authorize the Catholic Order of Foresters High Court to change the previous legal name on policy/ies number/s _____

to the current legal name and direct that the High Court enter this name on all official records.

- Reason for change (check one): Marriage Divorce Adoption
- Correction Court order Other

If "Other" specify _____

Submit supporting documentation, i.e. photocopy marriage certificate, divorce decree, adoption papers, birth certificate.

Policyowner's signature _____ Date _____

ADDRESS CHANGE

Record the following change of address for (check one):

- Policyowner Insured Joint owner
- Beneficiary Contingent beneficiary Annuitant

From: _____
Previous street address Phone

City State Zip

To: _____
New street address Phone

City State Zip

Policyowner's signature _____ Date _____

CONFIRMATION: Do not write in this space.
The requested change/s above have been recorded and are effective.
Stuart B. Buchanan, high secretary-treasurer