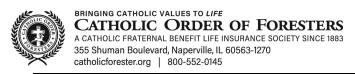
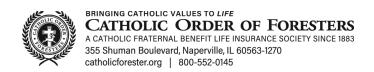
# LIFE INSURANCE BENEFICIARY CHANGE REQUEST INSTRUCTIONS

Please read carefully then complete pages two and three and return all three pages.					
<ol> <li>I am designating the following beneficiary(ies) for my life insurance contract. I understand the importance of also naming a contingent beneficiary(ies).</li> <li>One or more adults (Read "Designating one or more adults as beneficiaries")</li> <li>A minor child (Read "Designating a minor child as beneficiary")</li> <li>A trust (Read "Designating a trust as beneficiary")</li> </ol>					
Designating one or more adults as beneficiaries	Adult(s) as beneficiary(ies). When one primary beneficiary is designated to receive 100% of the proceeds, please assign one or more contingent beneficiaries in the event the primary beneficiary or beneficiaries predecease the insured.  If multiple beneficiaries are designated, provide a numerical percentage amount, even if the amount should be divided equally among all beneficiaries. The total percentage must equal 100% for primary beneficiaries.  If contingent beneficiaries are designated, the total percentage must also equal 100%.  For each beneficiary designee, it is essential to provide:  • Beneficiary's full legal name and address  • Date of birth  • Relationship to the insured				
Designating a minor child as beneficiary	<ul> <li>Minor child as beneficiary. When designating a minor child as the beneficiary, ensure the designation is in agreement with your state's Uniform Transfer to Minor Act (UTMA) or Uniform Gift to Minors Act (UGMA), whichever is applicable.</li> <li>The adult custodian's legal name must be provided and written "For the benefit of" with the child's complete legal name.</li> <li>Only the custodian's name and phone number are required.</li> <li>The child's identifying information must be provided since he/she is the beneficiary of the policy, not the custodian.</li> <li>Example: (Adult Custodian's Name) for the benefit of (Minor Child's Name) under the Uniform Transfer of Minor's Act.</li> </ul>				
Designating a trust as beneficiary	<ul> <li>Trust as beneficiary. When designating a trust as the beneficiary, the trust must already exist or come into existence at the insured's death.</li> <li>List the full name and address of the individual(s) named as trustee(s) and to the designation(s) which must state: "as per trust agreement dated mm/dd/yyyy."</li> <li>Example: (Trustee's Name) as trustee of the (Trust Name) revocable (or irrevocable) Trust dated (mm/dd/yyyy).</li> <li>Creating a trust upon the insured's death. When naming a trust to be created upon the insured's death, the designations must state: "The trustee of the testamentary trust created in Section XX of my probated last will, dated mm/dd/yyyy."</li> </ul>				
Witness Signature	The witness must be 1) at least age 18 or older and 2) a disinterested third party, meaning someone other than the policy owner, beneficiary(ies) or contingent beneficiary(ies).				



### LIFE INSURANCE BENEFICIARY CHANGE REQUEST

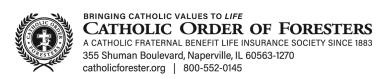
The original version of this document will remain at the High Court office in the member's file. A copy bearing the Corporate Secretary's endorsement will be returned and the owner should attach it to the insurance policy. It is highly recommended the insured is not named a beneficiary.								
Polic	licy Owner Name Policy Number(s)							
Policy Owner Mailing Address (Street, City, State, ZIP)  Policy Owner date of birth								
Policy Owner email Policy Owner phone								
	ect the beneficiary(ies) des eive any amount payable u		bove numbered insurance n the event of my death.	policy(ies) to	read as follows	and		
A.	PRIMARY BENEFICIA	ARY(IES) DESIG	NATIONS (Use compl	ete legal nan	nes)			
I na	me the following revocable	e beneficiary(ies) to r	eceive any amount under t	he policy in th	ne event of my	death.		
	Beneficiary 1 is: □ Adul	t □ Minor □ Tru	Custodian Name (if ap	plicable)	Custodian Pho	ne		
	Beneficiary (If an individu	al, First, Middle Initia	l, Last Name)			Share %		
1	Beneficiary Mailing Address (Street, City, State, ZIP)							
	Phone	Date of birth	SSN or TIN Relation		ship to insured			
	Email		Country of Citizenship	If foreign, Co	ountry, Province	e/Territory		
	Beneficiary 2 is: ☐ Adult ☐ Minor ☐ Trust Custodian Name (if applicable) Custodian Pho							
	Beneficiary 2 (If an individual, First, Middle Initial, Last Name)							
2	Beneficiary 2 Mailing Address (Street, City, State, ZIP)							
	Beneficiary Phone	Date of birth	SSN or TIN	Relation	ship to insured			
	Email		Country of Citizenship	If foreign, Co	ountry, Province	e/Territory		
	Beneficiary 3 is: ☐ Adult ☐ Minor ☐ Trust Custodian Name (if applicable) Custodian Photographic Custodian Photogr							
	Beneficiary 3 (If an individual, First, Middle Initial, Last Name)							
3	Beneficiary 3 Mailing Address (Street, City, State, ZIP)							
J	Phone	Date of birth	SSN or TIN	Relationship to insur				
	Email	If foreign, Co	ountry, Province	e/Territory				
If more space is needed, attach and initial additional pages.					HARE TOTAL Must equal 100%)			



## LIFE INSURANCE BENEFICIARY CHANGE REQUEST

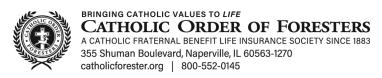
Polic	<mark>y Owner Name</mark>	wner Name Insured Name Policy Number(s)							
В.	CONTINGENT BI	ENEFICIARY	(IES) DESIG	NATIONS (Use	complete lega	al names)			
	Il prior named primary eceive any amount pa					ntingent benefic	iary(ies)		
	Contingent Beneficiary 1 is:	□ Adult □ □ Trust		todian Name (if appli	icable)	Custodian Phone			
	Contingent Beneficiary 1 (If an individual, First, Middle Initial, Last Name)								
1	Contingent Beneficia	ary 1 Mailing Ad	<mark>ldress</mark> (Street, C	ity, State, ZIP)					
	Phone	Date of b	oirth SSN	or TIN	Relation	nship to insured			
	Email	1	Cou	ntry of Citizenship	If foreign, C	ountry, Province	e/Territory		
	Contingent Beneficiary 2 is:	□ Adult □ □ Trust		todian Name (if appli	icable)	Custodian Pho	one		
	Contingent Beneficia	ary 2(If an indiv	idual, First, Midd	lle Initial, Last Name	)		Share %		
2	Contingent Beneficiary 2 Mailing Address (Si			reet, City, State, ZIP)					
	Phone	Date of t	oirth SSN	or TIN	Relation	nship to insured			
	Email			ntry of Citizenship	If foreign, C	e/Territory			
	Contingent Beneficiary 3 is:	☐ Adult ☐ ☐ Trust		todian Name (if appli	icable)	Custodian Pho	ne		
	Contingent Beneficia	ary 3 (If an indiv	vidual, First, Mide	st, Middle Initial, Last Name)					
3	Contingent Beneficia	ary 3 Mailing Ad	ldress (Street, C	ity, State, ZIP)					
	Phone	Date of t	oirth SSN	or TIN	Relation	nship to insured			
	Email	I	Cou	ntry of Citizenship	If foreign, C	ountry, Province	/Territory		
C.	C. ACKNOWLEDGEMENT AND ENDORSEMENT								
I understand this Life Insurance Beneficiary Designation as noted here and on the High Court beneficiary record is final unless revoked by a future Life Insurance Beneficiary Change By Owner form.									
Owi	ner Signature		<u>Date</u>	Witness Signature	9	C	<mark>)ate</mark>		
The owner's signature must be witnessed by a person who is not a beneficiary or									

contingent beneficiary.



# TRANSFER OF OWNERSHIP

olicy Number Insured Name						
POLICY OWNER/S DESIGNATION:  Option 1: Designate one New Owner – Com	iplete Se	ection A. The name	d Transferee	will be the	e New Owner.	
(Life Insurance and Annuities)  New Owner is: □ an Individua	al □a <sup>-</sup>	Trust with Trustees	<b>;</b>			
<ul> <li>□ Option 2: Designate one New Contingent Owner – Complete Section B. The named Contingent Owner/Transferee will be the New Contingent Owner. (Life Insurance Only)</li> <li>New Contingent Owner is: □ an Individual □ a Trust with Trustees</li> </ul>						
☐ Option 3: Designate one New Owner and or (Life Insurance Only)					i B.	
New Owner is: ☐ an Individua						
New Contingent Owner is:					-4-	
Option 4: Designate multiple Owners as Jo Section D. (Options 1, 2 and 3 are i						
SECTION A: NEW OWNER/TRANSFEREE						
New Owner / Transferee or Trust Name	emale Birt	th Date (if applicable)	SSN / Employer II	D#	Phone (include area code)	
Trustee Names if a Trust (Please provide copy of trust)			Federal Tax ID#		Phone (include area code)	
Street Address	City	у	State		Zip	
New Owner Signature (All Trustees must sign when a Trust is named	d the New C	Owner)			Date	
☐ Unless checked and Section C is complet	ed, the N	New Owner/Transf	eree will be th	ne Payor.		
SECTION B: CONTINGENT OWNER/TRAN	SFERE	 E				
Contingent Owner / Transferee or Trust Name	emale Birt	th Date (if applicable)	SSN / Employer II	D#	Phone (include area code)	
Trustee Names if a Trust (Please provide copy of trust)					Phone (include area code)	
Street Address	City	у		State	Zip	
Contingent Owner Signature (All Trustees must sign when a Trust is		Date				
SECTION C: PAYOR						
Payor (Full Legal Name)	emale Birtl	h Date <i>(if applicable)</i>	SSN / Employer II	D#	Phone (include area code)	
Street Address	City	/		State	Zip	



# TRANSFER OF OWNERSHIP

Policy Number			Insured Name				
SECTION D: TRANSFER TO MUL	TIPLE OWNERS	SAS	JOINT TENAN	TS WITH R	IGHTS C	OF SURVIVORSHIP	
Each Joint Tenant New Owner receiv	es an equal amo	unt. 、	Joint Tenant New	Owner 1 re	ceives al	l correspondence.	
Joint Tenant New Owner 1 (Full Legal Name)	☐ Male ☐ Female	Birth	Date (if applicable)	SSN/Employer I	D#	Phone (include area code)	
Street Address		City			State	Zip	
Joint Tenant New Owner 2 (Full Legal Name)	☐ Male ☐ Female	Birth	Date (if applicable)	SSN / Employer	ID#	Phone (include area code)	
Street Address		City			State	Zip	
Joint Tenant New Owner 1 Signature / Date			Joint Tenant New Ow	vner 2 Signature /	Date		
☐ Unless checked and Sectio	n C is completed	d, th	e Joint Tenant N	New Owner	1 will be	the Payor.	
CURRENT OWNER AUTHORIZATION  If I have elected either Option 1, 3 or 4, I, the undersigned Current Owner of the named Catholic Order of Foresters (COF) policy, sells, assigns, and transfers to the above listed "New Owner(s)" or "Joint Tenant New Owner(s)" all my rights, title, and interest in this policy. In the event I have selected Option 2 and named a Contingent Owner, the							
Current Owner  Print Full Legal Name  Signature  Current Owner		,	Date				
Catholic Order of Foresters consents to the above transactions.  Catholic Order of Foresters will attach this consent to the named policy issued by Catholic Order of Foresters.							
SignatureAuthorized Officer			Date				