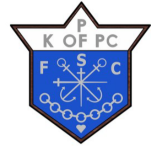


CHANGE OF BENEFICIARY FORM

PLEASE NOTE: This form must be filled out in duplicate



SECTION 1 - MEMBER / POLICYOWNER INFORMATION

Date: _____

Member Name: _____ Cert. No. : _____

hereby authorizes the Executive Director of the Knights of Peter Claver to change my beneficiary(ies) to:

Name: _____ Relationship: _____

Date of Birth: _____ Benefits Percent: _____ % Telephone Number: (_____) _____

Address: _____ City/State: _____ Zip: _____

Name: _____ Relationship: _____

Date of Birth: _____ Benefits Percent: _____ % Telephone Number: (_____) _____

Address: _____ City/State: _____ Zip: _____

Name: _____ Relationship: _____

Date of Birth: _____ Benefits Percent: _____ % Telephone Number: (_____) _____

Address: _____ City/State: _____ Zip: _____

Name: _____ Relationship: _____

Date of Birth: _____ Benefits Percent: _____ % Telephone Number: (_____) _____

Address: _____ City/State: _____ Zip: _____

Name: _____ Relationship: _____

Date of Birth: _____ Benefits Percent: _____ % Telephone Number: (_____) _____

Address: _____ City/State: _____ Zip: _____

Unless otherwise shown above: **(a)** payment will be shared equally by all Primary Beneficiaries who survive the Insured; **(b)** the right to change the beneficiary is reserved unless otherwise stated; **(c)** the word "child" or "children" shall include legally adopted children.

No changes are binding until received and recorded by the company at its home office. We will record the change(s) and send a confirmation. The company reserves the right to declare this form void and of no effect if it is incomplete or completed in an unsatisfactory manner.

As Policyowner, I hereby revoke any previous Beneficiary designation. I request that upon the death of the Insured named above all proceeds of the Policy and/or rider(s) covering the Insured be paid to the beneficiary(ies) as shown above.

Signature of Member (Policyowner) : _____ Date: _____

SECTION 2 - FOR USE ONLY OF THE COUNCIL / COURT REQUESTING CHANGE

The change below of beneficiary for: _____
(Name of Member / Policy Owner)

has been made on the books of _____

Council / Court No. _____ as of _____ 20_____. _____
Signature of Financial Secretary

Section 3 - For Use ONLY of the Office of Executive Director

The above change is approved and has been recorded as of _____, 20_____.

SEAL

Signature of Executive Director