WESTERN FRATERNAL LIFE
Enriching Today, Insuring Tomorrow

REQUEST FOR CHANGE OF NAME AND/OR BENEFICIARY

Certificate Number: _____ **Insured/Annuitant:** _____

Owner Information (required)	Name: _____ SSN/TIN: _____ Address: _____ Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Single Telephone No. _____ Email: _____
☐ **Name Change**	☐ Insured/Annuitant ☐ Owner New Name: _____ First MI Last Reason for Change: ☐ Name is incorrect ☐ Marriage ☐ Divorce ☐ Court Order/Statutory Process *If you wish to change ownership, please submit form #04-01-0054 Request for Transfer of Ownership.
☐ **Beneficiary Change**	**Primary Beneficiary**: (Print legal name & address, Date of Birth/SSN/TIN and Relationship to Insured) **Contingent Beneficiary:** (Print legal name & address, Date of Birth/SSN/TIN and Relationship to Insured)

In consideration thereof, it is hereby agreed that these changes shall be an amendment to and form a part of the original application and contract. No change shall be effective until such change is recorded by the Home Office.

This beneficiary designation revokes all prior designations. Forms with information crossed out or white out used will not be accepted. The right to change the beneficiary is the right of the **Owner**. Please include the certificate number, owner signature, witness signature and date on any additional pages needed for your designation.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false or misleading information is guilty of a crime and may be subject to fine and confinement in prison.

- *Note: If you live in one of the following community property states (AZ, CA, ID, LA, NM, NV, TX, WA, WI, PR and Guam), and have a legal spouse, your spouse must also sign this form.
- **A Notary Signature is required on certificates of $50,000 and up.**
- A beneficiary cannot sign as a witness.

_____ _____
Owner's Signature Date Signature of Owner's Spouse* Date

_____ _____
Signature of Insured (See Instructions) Date Witness Signature Date

State of _____
County of _____
This instrument was acknowledged before me on
_____(date)
by_____
(Name of person acknowledged).

_____
(Signature of notarial officer and title)
My commission expires:_____

For Home Office Use Only
Recorded: _____ Secretary: _____