



**Knights of Columbus**

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ELMSFORD, NY 10523-9906

## Change of Beneficiary

Please review your contract and the instructions on Page 3 of this form before completing a change of beneficiary. The terms of each insurance or annuity contract will determine when a death benefit is payable to a beneficiary.

### Contract\* Information

Contract Number: \_\_\_\_\_ Insured's Full Name: \_\_\_\_\_

Contract Owner's Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Telephone Number: \_\_\_\_\_

### Beneficiary Designation

*Additional beneficiaries may be designated on a separate sheet and must include a signature on each page as well as contract number. For a trust as beneficiary skip to page 2 and complete the trust section.*

In accordance with the provisions of the contract, I/we revoke all former beneficiary designations and elect to change the beneficiary as indicated below.

If no primary beneficiary survives the Insured, then the death benefit will be divided equally among the surviving contingent beneficiaries unless otherwise indicated.

#### Primary (you must have at least one primary beneficiary)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_  Per Stirpes  
(First, Middle, Last) (Relationship to the insured)

Social Security/Tax ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Primary  Contingent

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_  Per Stirpes  
(First, Middle, Last) (Relationship to the insured)

Social Security/Tax ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\*Contract may be referred to as "policy" or "certificate."



## ADDITIONAL PROVISIONS AND INSTRUCTIONS

- Please print all information in black ink.
- Complete a separate form for each certificate.
- The form must be dated.
- Do not send certificate to the Supreme Office with this change.
- State full name of beneficiary (First, Middle, Last)
- The beneficiary must be designated. References to prior designations, such as “keep the same”, are not acceptable.
- If a class of beneficiaries is designated, the name, phone number, taxpayer identification number, date of birth and address of each beneficiary in the class must be listed.
- The owner’s signature is required. If there is more than one owner, all owners must sign. For juvenile certificates with applications dated prior to January 1, 1981, the applicant owns the certificate during the juvenile period which runs from the date of issue to the last day of the month of the insured’s 18th birthday. Following the juvenile period, ownership is automatically transferred to the insured. For juvenile certificates with applications dated on or after January 1, 1981, the applicant remains the owner until he elects to assign ownership to the juvenile insured.
- If a trust is named as primary or contingent beneficiary, the complete name of the trust, the name and address of the trustee and the date the trust was created must be provided, along with a complete copy of the executed trust document or Certificate of Trust. The proceeds will be paid to the trust, and the check will be forwarded to the trustee.
- If a testamentary trust is designated as primary or contingent beneficiary, the name and address of the trustee must be provided along with a copy of the will. If a copy of the will cannot be provided, the owner must provide the name and contact information of the attorney who prepared the will.
- In some states and provinces it may be advisable to have the certificate owner’s spouse sign the beneficiary designation, unless the spouse is the sole primary beneficiary. This is especially true in community property states. Specific guidance cannot be given because of the diversity of applicable law, but it is suggested that the owner’s spouse sign the beneficiary designation whenever there is doubt.
- The word “insured” shall mean “annuitant” where applicable.
- The term “children of the insured” shall include all biological and legally adopted children of the insured.
- The term “children born of the marriage” shall include only children born of the marriage of the insured and his or her spouse. It shall not include adopted children or children born of a different marriage.
- Any payment to a minor beneficiary shall only be made to the legally appointed guardian of the minor’s estate, unless otherwise permitted by state or provincial law.
- Section 71 of the Laws of the Order states that the Order may refuse to accept any beneficiary designation or change of designation where it appears that there would be a lack of substantial insurable interest.
- No payment will be made to any contingent beneficiary, unless all primary beneficiaries predecease the insured.
- If all designated beneficiaries predecease the insured, payment of the proceeds will be made in accordance with the distribution order set forth in Section 71 of the Laws of the Order.

