



# Application for Modification of Certificate Contract

Complete in duplicate. Sign where indicated. Have all signatures notarized. Retain one copy with your certificate. Return one copy to Home Office.

Return by mail to: PO BOX 351920, Westminster, CO 80035-1920

Please call WSA at 303-451-1494 or 800-451-7528 with questions.

I, the undersigned \_\_\_\_\_ (hereinafter referred to as the "Insured") member of \_\_\_\_\_ Lodge, Number \_\_\_\_\_ of W.S.A. Fraternal Life (hereinafter referred to as the "Association"), request the following changes for Certificate Number \_\_\_\_\_ :

I hereby revoke all other designations of beneficiaries heretofore made by me. Upon the surrender of the said Certificate and the receipt at the Home Office of the Association of due proof of the actual death of the Insured, proceeds of the Certificate shall be paid as follows:

_____ Primary Beneficiary		_____ Relationship		
_____ Address	_____ City	_____ State	_____ Zip	
_____ Contingent Beneficiary		_____ Relationship		
_____ Address	_____ City	_____ State	_____ Zip	

I hereby request that ownership of the said Certificate be assigned to:

_____ New Owner		_____ Relationship		
_____ Address	_____ City	_____ State	_____ Zip	

I hereby request the name of the Insured be changed to the following:

\_\_\_\_\_  
Reason for name change:  Marriage  Divorce  Other: \_\_\_\_\_  
(Include a copy of Marriage Certificate, Divorce Decree or other legal documentation supporting change of name.)

\_\_\_\_\_  
Signature of Insured (Guardian if Insured is a minor) \_\_\_\_\_  
Date

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
by \_\_\_\_\_. Witness my hand and official seal  
My commission expires: \_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
Signature of Payer/Owner \_\_\_\_\_  
Date

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
by \_\_\_\_\_. Witness my hand and official seal  
My commission expires: \_\_\_\_\_  
(Notary Public)