



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.

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"), located at P.O. Box 351920, Westminster, Colorado 80035-1920 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)