



Request to Change Beneficiary

This form may be returned to WSA as follows:

Email - info@wsalife.com / Fax - 303-459-5154 / Mail - PO Box 351920, Westminster, CO 80035-1920

Insured's Name: _____

Insurance Certificate #: _____

IMPORTANT INFORMATION ABOUT THIS FORM:

- The beneficiary change request, once accepted by WSA, will revoke all previous beneficiary designations on this certificate.
- This beneficiary designation is effective upon submission to and approval by WSA. (WSA will acknowledge receipt and approval of this form in writing.)
- WSA's approval of this form does not mean that WSA has verified the legal adequacy or validity of this change. Please consult your own legal or tax advisor for any such determination.

IMPORTANT INFORMATION ABOUT NAMING YOUR BENEFICIARIES:

- It is very important to clearly indicate your primary beneficiary and contingent beneficiary.
- Proceeds are paid to the contingent beneficiary only if there is no surviving primary beneficiary.
- You may list multiple primary beneficiaries and contingent beneficiaries.
- If multiple primary beneficiaries are named and no percentage distribution is noted, then any proceeds payable to such beneficiaries will be split equally between the surviving beneficiaries. The same shall be true for contingent beneficiaries if no primary beneficiaries survive. If none of the beneficiaries survive, proceeds shall be payable to the estate of the insured or otherwise as permitted by law.
- Unless WSA has been notified of a community or marital property interest in this certificate, WSA will assume that no such interest exists and will assume no responsibility for inquiring whether such interest exists.



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If additional space is needed, please write "See attached" on this form and attach an additional page. Please sign and date the additional page. Please be sure to clearly state whether the additional names are primary or contingent beneficiaries.

PRIMARY BENEFICIARY (IES)

Primary Beneficiary's Name and Address	Relationship to You	Date of Birth	Social Security Number <i>(Optional)*</i>
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			

**used to assist in verifying the identity of your beneficiary*

CONTINGENT BENEFICIARY (IES):

Contingent beneficiaries will only receive benefit if there are no surviving primary beneficiaries.

Contingent Beneficiary's Name and Address	Relationship to You	Date of Birth	Social Security Number <i>(Optional)*</i>
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			

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Insured's Name: _____
Insurance Certificate #: _____


I hereby request WSA Fraternal Life to pay the death benefit of this insurance certificate according to the beneficiary designations indicated on this form and hereby revoke all prior named beneficiary designations.

 _____
Signature of Insured 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 Owner (if different than Insured) 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 Spouse of Insured Date

***Special Notice regarding Community Property:** AZ, CA, ID, LA, NM, NV, TX, WA, WI are community property states and Puerto Rico a community property territory. These laws may apply to this change request depending on your current marital status, marital status at the time of certificate issuance, state where your certificate was issued, residence state at the time of issuances and resident state(s) since issuance. Consult with your legal/tax advisor to determine if these laws apply to you and/or if you require a spousal signature on this form. **WSA Fraternal Life disclaims any responsibility for determining the applicability of community property laws or the validity of the requested change.**