



DEGREE of HONOR
A division of Catholic Financial Life

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Beneficiary Change Form

Insured's Name _____ Owner's Name (if other than Insured) _____

Certificate Number(s) _____

The Owner may check one or more of the following options:

- ☐ The share of any Beneficiary who does not survive shall be paid in equal shares to the Beneficiary's surviving children.
☐ A Beneficiary who dies within 30 days after the Insured's death shall be deemed not to have survived.
☐ If I named a Custodian for a Beneficiary who is a minor at the time of payment, the Beneficiary's share shall be paid to the Custodian under the Uniform Transfers (or Gifts) to Minors Act of the state in which the Beneficiary is then domiciled.
(Choosing this option can reduce expense and delay at the time of payment.)

Primary Contingent

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Custodian is:

Name	Relationship	Date of Birth	Address
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Primary (Equal shares unless percentages are stated next to each beneficiary)

Name (First, Initial, Last)	Relationship To Insured	Gender	Date of Birth	Address/Social Security #
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

Contingent (Equal shares unless percentages are stated next to each beneficiary)

Name (First, Initial, Last)	Relationship To Insured	Gender	Date of Birth	Address/Social Security #
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

By completing and signing this form, I am revoking all prior designations and replacing them with the above designations.

Signature of Owner _____ Date _____ Phone Number _____

Owner's Social Security No. _____ Owner's Email Address _____