



### Request for Change of Beneficiary

Certificate no. \_\_\_\_\_ Insured/Annuitant name \_\_\_\_\_ Owner \_\_\_\_\_  
(if other than insured/annuitant)

I, the undersigned owner of the above certificate, interest income, or supplementary contract issued by Royal Neighbors of America (the Society), hereby request the Society to change the beneficiary as set forth below.

**1. Primary Beneficiary (Required)** – Equally to the surviving primary beneficiaries unless otherwise indicated

List a Funeral Home as: Acme Funeral Home, 345 Oak St., Austin, TX

Named Individuals – Enter information for each individual. (If additional space needed attach signed sheet)

Check if signed sheet is attached with additional names

First, Middle Initial, Last	Address: street/city/state/ZIP Telephone (999) 999-9999	Relationship	Date of Birth	Social Security #	% if not Equal (Must total 100%)

Living Trust – Name of Trust \_\_\_\_\_ Date of Trust \_\_\_\_\_

Grantor/Executed by \_\_\_\_\_ Trustee(s) \_\_\_\_\_

Estate of Insured

**2. Contingent Beneficiary (Optional)** – If no primary beneficiary survives, then equally to the surviving contingent beneficiaries unless otherwise indicated.

Named Individuals – Enter information for each individual. (If additional space needed attach signed sheet)

Check if signed sheet is attached with additional names

First, Middle Initial, Last	Address: street/city/state/ZIP Telephone (999) 999-9999	Relationship	Date of Birth	Social Security #	% if not Equal (Must total 100%)

Living Trust – Name of Trust \_\_\_\_\_ Date of Trust \_\_\_\_\_

Grantor/Executed by \_\_\_\_\_ Trustee(s) \_\_\_\_\_

Estate of Insured

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**3. (Optional) Unless otherwise selected below, the proceeds for minor beneficiaries are held by the Society until they attain legal age, unless a court-appointed guardian of the minor's estate property requests payment prior to that time.**

I name the following individual as Custodian for any and all Beneficiaries who are minors at the time of payment. The Beneficiary(s) share(s) shall be paid to the Custodian under the Uniform Transfers (or Gifts) to Minors Act of the state(s) in which the Beneficiary are then domiciled.

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Custodian Name	Address (street/city/state/ZIP)	
Telephone (999) 999-9999	Relationship	Date of Birth

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I agree no such change will take effect unless recorded by Royal Neighbors. When recorded the change will take effect on the date the request was signed unless otherwise specified by the Owner, but without prejudice to Royal Neighbors on account of any payment made by it before receipt of this request. If the Beneficiary dies before the Insured and no other Beneficiary has been named, payment of the proceeds shall be made as provided by the Royal Neighbors Bylaws in effect at the time of the Insured's death. I represent and certify that no insolvency or bankruptcy proceedings are now pending against me. **If I am designating a beneficiary other than my spouse, my spouse's signature may be required on this form. If the spousal consent is not signed, my signature is certification that no spousal consent is required.**

**4. Owner Signature:**

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Signature of Owner	Date	Owner Social Security Number
Owner Street Address		City/State/ZIP
Owner Email Address	Owner Telephone Number (999) 999-9999	

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**5. Witness to signature of owner:**

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Signature of Witness **(Must be an adult person other than beneficiary)**

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Witness Street Address	City/State/ZIP
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**6. I hereby agree to the above Request for Change of Beneficiary and waive any community property or Uniform Marital Property Act (UMPA) rights, as applicable, that I may have in the subject of this Request of Change of Beneficiary. (Spousal consent signature required for residents of AZ, CA, ID, LA, NM, NV, TX, WA, WI)**

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Spousal consent-signature of spouse of certificate owner	Date
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