

**CATHOLIC FAMILY FRATERNAL OF TEXAS - KJZT**

**REQUEST FOR A CHANGE OF BENEFICIARY**

Please fill out completely. Do not return your original certificate. A copy of this form will be returned for you to attach to your certificate.

Certificate No. \_\_\_\_\_ Date \_\_\_\_\_  
 Society Name \_\_\_\_\_ Society No. \_\_\_\_\_ City \_\_\_\_\_

OWNER INFORMATION		INSURED INFORMATION	
Name	_____	Name	_____
Address	_____	Address	_____
C/S/Z	_____	C/S/Z	_____

Maiden Name if Married \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Amount of Insurance \_\_\_\_\_ Double Indemnity \_\_\_\_\_

Plan of Insurance \_\_\_\_\_

**DESIGNATION OF BENEFICIARY**

**First Beneficiary:**

Last Name	First Name	Social Security #	Date of Birth	Place of Birth	Relationship

**Second Beneficiary:**

Last Name	First Name	Social Security #	Date of Birth	Place of Birth	Relationship

Date \_\_\_\_\_ Signature of Owner \_\_\_\_\_

The Owner must sign in the presence of a witness.

\_\_\_\_\_  
 Signature of Witness

<b>FOR OFFICE USE ONLY</b>		
DATE	_____	_____
BY	_____	_____
OFAC	_____	_____