

CHANGE OF BENEFICIARY FORM

(Please print all information clearly)



Please fill out completely. If you are changing your name, be sure to attach a copy of proper legal documentation and return with this form. (i.e. driver's license, marriage certificate or divorce decree (only the page that shows the name change)). Please DO NOT use white out on this form.

Certificate No. _____

Insured's Information:

Name: _____ SSN: _____
Society No: _____ DOB: _____

Owner's Information:

Name: _____ SSN: _____
Street Address: _____ Email Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Designation of Beneficiary:

Primary:

| Name | Relationship | DOB | Social Security Number |
|------|--------------|-----|------------------------|
| | | | |
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| | | | |
| | | | |

Contingent:

| Name | Relationship | DOB | Social Security Number |
|------|--------------|-----|------------------------|
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Spousal Consent:

Spousal Existence (please check one): Do have a spouse Do not have a Spouse

(Texas is a community property state; therefore, if your spouse is **not** the Primary Beneficiary, he/she must sign the Spousal Consent below)

I have reviewed the beneficiary designation for the named certificate, and as the spouse of the certificate owner, I consent to the beneficiary designation and all contributions of money or property to be used for the purchase of such accounts to be issued in my spouses name, whether heretofore, now or hereafter. I hereby relinquish all my statutory or other rights thereto. I understand and acknowledge that by this consent, I give up my right to any benefit should I survive my spouse after his or her death.

Signature of Certificate Owners Spouse

Date

I request this beneficiary designation replace all prior designations for the certificate(s) listed above.

Signature of present certificate owner

Date

Signature of witness (must be at least 18 years or older, not related, or named beneficiary)

Mail Completed form to: KJZT Family Life
PO Box 18896
Austin, TX 78760

| | |
|---------------------|-------|
| FOR OFFICE USE ONLY | |
| QL Date: | _____ |
| OFAC: | _____ |
| Approval: | _____ |