



- Must be notarized if not included with the initial application. -
 Please return to SPJST • PO Box 100 • Temple, Texas 76503-0100
 1-800-727-7578 • 254-773-1575

CHANGE OF BENEFICIARY FORM

I, _____ the undersigned, being a member of SPJST Lodge No. _____ and being insured under Certificate No. _____ for \$ _____ revoke my former designation as the Beneficiary of said certificate and now authorize, direct and instruct that the benefits due there under in case of my decease be paid as follows on a

Per Stirpes Per Capita basis (choose one):

Beneficiary: Primary Contingent Tertiary
 Full Name _____
 Relationship _____
 Beneficiary Percent of Insurance _____ %
 Date of Birth (mm/dd/yyyy) ____/____/_____
 Social Security No. _____ - _____ - _____
 Address _____ City _____
 State _____ Zip _____ - _____ Country _____
 Home Phone (____) _____ - _____ Cell (____) _____ - _____
 Email Address _____

Beneficiary: Primary Contingent Tertiary
 Full Name _____
 Relationship _____
 Beneficiary Percent of Insurance _____ %
 Date of Birth (mm/dd/yyyy) ____/____/_____
 Social Security No. _____ - _____ - _____
 Address _____ City _____
 State _____ Zip _____ - _____ Country _____
 Home Phone (____) _____ - _____ Cell (____) _____ - _____
 Email Address _____

Beneficiary: Primary Contingent Tertiary
 Full Name _____
 Relationship _____
 Beneficiary Percent of Insurance _____ %
 Date of Birth (mm/dd/yyyy) ____/____/_____
 Social Security No. _____ - _____ - _____
 Address _____ City _____
 State _____ Zip _____ - _____ Country _____
 Home Phone (____) _____ - _____ Cell (____) _____ - _____
 Email Address _____

Beneficiary: Primary Contingent Tertiary
 Full Name _____
 Relationship _____
 Beneficiary Percent of Insurance _____ %
 Date of Birth (mm/dd/yyyy) ____/____/_____
 Social Security No. _____ - _____ - _____
 Address _____ City _____
 State _____ Zip _____ - _____ Country _____
 Home Phone (____) _____ - _____ Cell (____) _____ - _____
 Email Address _____

Beneficiary: Primary Contingent Tertiary
 Full Name _____
 Relationship _____
 Beneficiary Percent of Insurance _____ %
 Date of Birth (mm/dd/yyyy) ____/____/_____
 Social Security No. _____ - _____ - _____
 Address _____ City _____
 State _____ Zip _____ - _____ Country _____
 Home Phone (____) _____ - _____ Cell (____) _____ - _____
 Email Address _____

Beneficiary: Primary Contingent Tertiary
 Full Name _____
 Relationship _____
 Beneficiary Percent of Insurance _____ %
 Date of Birth (mm/dd/yyyy) ____/____/_____
 Social Security No. _____ - _____ - _____
 Address _____ City _____
 State _____ Zip _____ - _____ Country _____
 Home Phone (____) _____ - _____ Cell (____) _____ - _____
 Email Address _____

INSURED'S SIGNATURE MUST BE NOTARIZED

 Insured's Signature

Address _____ City _____ State _____ Zip Code _____
 Phone (____) _____ - _____ Email _____

SUBSCRIBED AND SWORN TO BEFORE ME, this the _____ day of _____, 20____

 Notary Public, _____ County, Texas

Helpful Definitions

Per stirpes: If a death claim is distributed per stirpes, all members of the group will receive their share of the estate. However, if a beneficiary passes away before the insured, then the beneficiary's descendants will receive that beneficiary's share.

Per capita: If a death claim is distributed per capita, all living members of the group will receive their share of the estate. However, if a beneficiary passes away before the insured, then the beneficiary's share would go to the other living members of the group NOT to the beneficiary's descendants.

Primary Beneficiary (First in line) (Required): The individual(s) designated primary beneficiary is (are) first in line for the distribution of a life insurance certificate. This group will receive the entire benefit if anyone designated a primary beneficiary is alive when the insured passes away. There can be more than one person designated as a primary beneficiary, but their percentages will need to be given.

Contingent Beneficiary (Second in line) (Optional): The individual(s) designated contingent beneficiary will receive the full amount of the distribution ONLY if there is no one alive with the primary beneficiary designation when the insured passes away. Otherwise, the contingent beneficiaries will receive nothing. There can be more than one person designated as a contingent beneficiary, but their percentages will need to be given.

Tertiary Beneficiary (Third in line) (Optional): The individual(s) designated tertiary beneficiary will receive the full amount of the distribution ONLY if there is no one alive with the primary OR contingent beneficiary designation when the insured passes away. Otherwise, the tertiary beneficiaries will receive nothing. There can be more than one person designated as a tertiary beneficiary, but their percentages will need to be given.