



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) **IF NO SELECTION IS MADE "PER STIRPES" DESIGNATION WILL BE APPLIED.**

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 _____

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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 _____

This form must be witnessed by someone other than a listed beneficiary.

Member/Authorized Signature _____

Printed name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Witness Signature _____

Printed Name _____ Date _____

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.