

CATHOLIC HOLY FAMILY SOCIETY (CHFS)
2021 MASCOUTAH AVE – PO BOX 327
BELLEVILLE, IL 62222
1-800-240-2550

CHANGE OF BENEFICIARY FORM
PLEASE PRINT

Insured's Name _____ Certificate/Annuity No. _____

Insured's Address _____

I hereby revoke any former Beneficiary designation on the above mentioned Certificate/Annuity and do hereby name the following person or persons as the new beneficiary (ies)

NEW PRIMARY BENEFICIARY

Name and Address _____

Relationship _____ Social Security Number _____

NEW CONTINGENT BENEFICIARY

Name and Address _____

Relationship _____ Social Security Number _____

Name and Address _____

Relationship _____ Social Security Number _____

If additional space is needed, please use the back of this form.

The undersigned insured/owner or annuitant of this certificate consents to the above changes. The changes will not be effective until the Home Office receives and approves these changes.

Dated this _____ of _____ 20____ at _____
(City)

WITNESS (Must be Age 16 or older)

Insured/Owner/Annuitant

HOME OFFICE USE ONLY

Received at Catholic Holy Family Society, Belleville, Illinois this _____ day of _____ 20____.

Changes made by _____ Approved by _____

PLEASE ATTACH THIS CHANGE OF BENEFICIARY TO YOUR LIFE INSURANCE CERTIFICATE.

(Continued from front page)

NEW PRIMARY BENEFICIARY

Name and Address _____

Relationship _____ Social Security Number _____

Name and Address _____

Relationship _____ Social Security Number _____

NEW CONTINGENT BENEFICIARY

Name and Address _____

Relationship _____ Social Security Number _____

Name and Address _____

Relationship _____ Social Security Number _____

Name and Address _____

Relationship _____ Social Security Number _____

Name and Address _____

Relationship _____ Social Security Number _____

Additional Comments: