



Degree of Honor Protective Association
 400 Robert Street North, Suite 1600
 Saint Paul, Minnesota 55101-2029

**CHANGE OF BENEFICIARY
 (LIVING TRUST)**

INSURER: DEGREE OF HONOR PROTECTIVE ASSOCIATION

INSURED: _____

POLICY NO: _____

I, _____, hereby revoke all prior beneficiary designations and election of settlement options for the death proceeds on the life of the Insured under the above numbered policy. I request the beneficiary designation be changed to: _____, Trustee(s), and

Successor Trustee(s) under the _____ Trust Agreement

dated _____.

If before payment of the death proceeds the Insurer receives proof satisfactory to it that the Trust has been revoked or is not in effect at the death of the Insured, the death proceeds shall be paid in one sum to the estate of the Insured. The Insurer shall not be obligated to inquire into the terms thereof, and it will be fully discharged from all liability after payment of the death proceeds by the Insurer under the policy as provided herein without obligation of the distribution of the funds so paid.

The Association, at its discretion, may require a Certificate of Trust be completed.

 Authorized Association Representative

 Signature of Insured or Owner

OR

State of _____ ,
 state-
 County of _____ .
 Subscribed and sworn to before me
 this ____ day of _____ , _____ .

 Signature of Spouse (Required in community property
 AZ,CA, ID, LA, NV, NM, TX, WA, WI.)
 If not married, please check.

ADDRESS:

 Notary Public

“Notary Seal”

Degree of Honor ENDORSEMENT:
 The beneficiary under the above designated policy has been changed on the records of the Association, effective as of the _____ day of _____ , _____ , in conformity with the foregoing request which is hereby approved, and this endorsement has been recorded in the Home Office at St. Paul, Minnesota, this _____ day of _____ , _____ , recorded by: