



Degree of Honor Protective Association

400 Robert Street North, Suite 1600

Saint Paul, Minnesota 55101-2029

Request For Change of Beneficiary

INSTRUCTIONS: Please read the instructions sheet before completing this form. The Insured (or Owner, if different than the Insured) should sign this form and return it to Degree of Honor Protective Association at the above address. If approved by the Association, the change of beneficiary will be effective as of the date designated and one copy of this form will be returned to the Insured (or Owner), who should then attach it to the policy.

I, _____, the () INSURED () OWNER under

Policy Number _____, issued by Degree of Honor Protective Association,

hereby request the beneficiary designation therein be changed to:

Full Name and Address of **PRIMARY** Beneficiary: Related to INSURED as: _____

_____ Birthdate _____

_____ Social Security Number _____

(IF MORE SPACE IS NEEDED FOR PRIMARY BENEFICIARIES, PLEASE COMPLETE REVERSE SIDE)

Full Name and Address of **CONTINGENT** Beneficiary: Related to INSURED as: _____

_____ Birthdate _____

_____ Social Security Number _____

(IF MORE SPACE IS NEEDED FOR CONTINGENT BENEFICIARIES, PLEASE COMPLETE REVERSE SIDE)

(Naming a Contingent Beneficiary provides that when the policy becomes a claim (at death of Insured), should the Primary Beneficiary be deceased, the proceeds of the policy would then be payable to the Contingent Beneficiary.)

Signed this _____ day of _____, _____
Day Month Year

Authorized Association Representative

Signature of Insured or Owner

OR

State of _____,

County of _____.

Subscribed and sworn to before me
this _____ day of _____.

by _____

personally known to me or proved to me on the basis
of satisfactory evidence to be the person(s) who appeared
before me.

Signature _____
"Notary Seal"

Signature of Spouse (Required in community property state-AZ,
CA, ID, LA, NV, NM, TX, WA, WI.)

If not married, please check.

ADDRESS:

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:

Full Name and Address of **PRIMARY** Beneficiary:

Related to INSURED as: _____

Birthdate _____

Social Security Number _____

Full Name and Address of **PRIMARY** Beneficiary:

Related to INSURED as: _____

Birthdate _____

Social Security Number _____

Full Name and Address of **PRIMARY** Beneficiary:

Related to INSURED as: _____

Birthdate _____

Social Security Number _____

Full Name and Address of **CONTINGENT** Beneficiary:

Related to INSURED as: _____

Birthdate _____

Social Security Number _____

Full Name and Address of **CONTINGENT** Beneficiary:

Related to INSURED as: _____

Birthdate _____

Social Security Number _____

Full Name and Address of **CONTINGENT** Beneficiary:

Related to INSURED as: _____

Birthdate _____

Social Security Number _____

Beneficiary Change Procedure

Please complete the Request for Change of Beneficiary form if it is your intent to:

- **Replace the existing beneficiary(ies).** If so, list the new beneficiary(ies) on the form.

OR

- **Add a beneficiary(ies) to the original designation.** If so, include the original beneficiary on the form as the Change of Beneficiary form will **void** the present beneficiary designation.

An alternative beneficiary designation, primary or contingent, for your consideration could be "The Degree of Honor Foundation". At the time of a claim, the proceeds of the policy may be designated to the Degree of Honor Foundation where scholarships, family grants, Ronald McDonald House, Salvation Army and Salute to Youth programs are funded.

Primary Beneficiary(ies): The Primary Beneficiary(ies) would receive all proceeds at the time of claim.

If you are naming more than one Primary Beneficiary, at the time of claim, the beneficiaries will share equally in the proceeds of the policy, unless you indicate otherwise. If one Primary Beneficiary should predecease the insured, the remaining Primary Beneficiary(ies) will share equally in the policy proceeds, unless you indicate otherwise.

Contingent Beneficiary(ies): The Contingent Beneficiary(ies) will receive policy proceeds only if ALL Primary Beneficiaries die prior to the insured. If you name more than one Contingent Beneficiary, proceeds will be divided equally, unless you indicate otherwise.

Degree of Honor Protective Association is a Fraternal Benefit Society. Internal Revenue Code Section 501(c)(8)(B) directs that: A Fraternal Benefit Society is to provide for payment of life insurance benefits to the member, member's estate, member's dependents or member's next-of-kin, either directly or indirectly. Any Beneficiary Designation must comply with this requirement.

Your signature requesting the change must be witnessed by either a Notary Public or by an Authorized Representative of the Association. Mail the completed form with original signatures to this office. The change will not be valid until endorsed by the National Office. An endorsed copy will be sent to you to attach to your policy.

If you live in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin, your spouse must sign to comply with community property regulations in your state.

NOTE: When listing more than one beneficiary, do not use the word "or."