



Request for Change of Beneficiary

Certificate no. _____ Insured/Annuitant name _____ Owner _____
(if other than insured/annuitant)

I, the undersigned owner of the above certificate, interest income, or supplementary contract issued by Royal Neighbors of America (the Society), hereby request the Society to change the beneficiary as set forth below.

1. Primary Beneficiary (Required) – Equally to the surviving primary beneficiaries unless otherwise indicated

List a Funeral Home as: Acme Funeral Home, 345 Oak St., Austin, TX

Named Individuals – Enter information for each individual. (If additional space needed attach signed sheet)

Check if signed sheet is attached with additional names

First, Middle Initial, Last	Address: street/city/state/ZIP Telephone (999) 999-9999	Relationship	Date of Birth	Social Security #	% if not Equal (Must total 100%)

Living Trust – Name of Trust _____ Date of Trust _____

Grantor/Executed by _____ Trustee(s) _____

Estate of Insured

2. Contingent Beneficiary (Optional) – If no primary beneficiary survives, then equally to the surviving contingent beneficiaries unless otherwise indicated.

Named Individuals – Enter information for each individual. (If additional space needed attach signed sheet)

Check if signed sheet is attached with additional names

First, Middle Initial, Last	Address: street/city/state/ZIP Telephone (999) 999-9999	Relationship	Date of Birth	Social Security #	% if not Equal (Must total 100%)

Living Trust – Name of Trust _____ Date of Trust _____

Grantor/Executed by _____ Trustee(s) _____

Estate of Insured

