



GRAND LODGE OF THE ORDER OF THE SONS OF HERMANN IN THE STATE OF TEXAS

BENEFICIARY CHANGE REQUEST FORM

Date _____ Certificate No. _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone No. _____ Social Security No. _____

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
1		<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Please Choose **One** Designation: *If Living Otherwise* * OR * *And*
 If you fail to choose a designation or if your choice is unclear *If Living Otherwise* is assumed.

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
2		<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Please Choose **One** Designation: *If Living Otherwise* * OR * *And*
 If you fail to choose a designation or if your choice is unclear *If Living Otherwise* is assumed.

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
3		<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Please Choose **One** Designation: *If Living Otherwise* * OR * *And*
 If you fail to choose a designation or if your choice is unclear *If Living Otherwise* is assumed.

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
4		<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Please Choose **One** Designation: *If Living Otherwise* * OR * *And*
 If you fail to choose a designation or if your choice is unclear *If Living Otherwise* is assumed.

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
5		<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

I request the beneficiary on the above mentioned certificate be changed as I have designated on this form. I understand that this request for change of beneficiary shall take effect as of the date I signed this form provided this form has been received and approved by the Vice President-Secretary/Treasurer as being in compliance with the Laws of Hermann Sons governing beneficiaries. Any reference to a beneficiary "if living" shall mean if living at the time of my death. The "and" designation implies that the named beneficiaries will share equally unless otherwise stated. If payment to a trust is provided herein, a copy of such trust must be enclosed. Hermann Sons will not be responsible for the performance of the trustee's duties as trustee.

 Signature of Spouse

(Only required if change requested is for an annuity and the annuitant's spouse is not listed as the sole first beneficiary.)

 Signature of Insured

 Signature of Disinterested Witness

*Mail completed form to: Hermann Sons Home Office, P.O. Box 1941, San Antonio, TX 78297-1941.
 Home Office Phone: 800-234-4124 or 210-226-9261 • Website: hermannsonslife.org*