



LUSO-AMERICAN FINANCIAL

A Fraternal Benefit Society

ELECTION OF CHANGE OF BENEFICIARY

In accordance with the provisions of Policy # _____, I hereby elect to **Change the Beneficiary** as follows:

BENEFICIARY (S): If more than one, sharing equally, or to the survivor unless otherwise provided. (Use multiple forms if necessary)

<u>Name (s)</u>	<u>Date of Birth</u>	<u>Relationship to the Insured</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTINGENT BENEFICIARY (S): (if any) If more than one, sharing equally, or to the survivor, unless otherwise provided.

<u>Name (s)</u>	<u>Date of Birth</u>	<u>Relationship to the Insured</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

By this election I hereby revoke all other and former designations, I make this election subject to all of the conditions and provisions of said policy as well as any existing assignment and, unless otherwise provided by me in this application for change of beneficiary, I expressly reserve the full and absolute right to make other and further changes at any time I may elect. It is understood and agreed that all decisions upon questions of fact in determining any unnamed beneficiaries herein designated, made by the Company in good faith, based on proof by affidavit or other written evidence satisfactory to it, shall be conclusive and fully protect the Company in acting in reliance thereon. I represent and certify that no insolvency or bankruptcy proceedings are now pending against me.

_____	_____	_____
Date	Owner/Insured's Printed Name	Owner/Insured's Signature
_____	_____	_____
Owner Street Address	City	State Zip Code
_____	_____	_____
Home Phone	Mobile Phone	Email Address

***NOTE: You MUST have this form NOTARIZED by a duly licensed Notary Public (attach Notary affidavit) UNLESS witnessed by a Luso Agent, Employee or Secretary.**

_____	_____	_____
Printed Name of Witness	Signature of Witness	Date

FORM: 99 - AUG 2016

READ FOLLOWING INSTRUCTIONS CAREFULLY BEFORE SIGNING (Forms cannot be accepted which contain corrections or erasures)

1. **All information** not already given as to the full name, date of birth, and relationship of the proposed beneficiary should be inserted. If the proposed beneficiary is a married woman, her own given name must be furnished, not that of her husband.
If beneficiary (s) is not related to the Insured, furnish present mailing address.
2. The signature of the Owner should appear in ink **exactly as the name given in the policy**, except that if the Owner is a woman and has changed her name by marriage since the policy was issued, her husband's surname should be added to her name as given in the policy. The date on which the Owner signs must be inserted.
3. **If the policy is owned by a partnership**, the name of the partnership should be written above the signature space, followed by signatures of all partners, each designated as "partner".
4. **If the policy is owned by a corporation**, the name of the corporation should be written above the signature space, followed by the signature of an officer authorized by the Board of Directors of the corporation to sign for the corporation. A certified copy of a resolution adopted by the Board of Directors, referring to the transaction and signature, should accompany the completed application.
5. Prepare separate forms **if more than one policy involved**.

EXAMPLES OF COMMONLY USED BENEFICIARY DESIGNATIONS

- (1) **Insured's Estate:** "The Executors, Administrators or Assigns of the Insured."
"John A. Doe Living Trust, dated February 15, 2010."
- (2) **One Beneficiary:** "Mary E. Doe, wife of the Insured"; "Scott Doe, brother of the Insured"
- (3) **Two Primary Beneficiaries:** "John A. Doe and Jane M. Doe, parents of the Insured."
- (4) **Several Named Children, Primary Beneficiary:** "Allen S. Doe, Frank J. Doe and Jo Ann Doe, children of the Insured."
- (5) **Un-named Children of Present Marriage:**
"The children born of marriage of the Insured and Mary A. Doe, wife of the insured."
- (6) **Wife, Primary Beneficiary, Unnamed Children, Contingent Beneficiary:**
"Mary E. Doe, wife of the Insured, if living, otherwise to children of the Insured and any other children born of the marriage of the Insured and said wife."
- (7) **Wife, Primary Beneficiary Named Children and Unnamed Children, Contingent Beneficiary:**
"Mary S. Doe, wife of the Insured, if living, otherwise to Allen S. Doe, Jo Ann Doe, children of the Insured and any other children born of the marriage of the Insured and said wife."
- (8) **One Primary and One Contingent Beneficiary:**
"Mary E. Doe, wife of the Insured, if living otherwise to Frank J. Doe, son of the Insured."
- (9) **One Primary Beneficiary and Two or more Contingent Beneficiaries:**
"Mary E. Doe, wife of Insured, if living, otherwise to Allen J. Doe and Jo Ann Doe, children of the Insured."
- (10) **One Primary, One First Contingent and One Second Contingent Beneficiary:**
"Mary E. Doe, wife of the insured, if living, otherwise to Frank J. Doe, son of the Insured, or if both said wife and son shall die before the Insured to Jane M. Doe, mother of the Insured."
- (11) **Wife, Primary Beneficiary, Named Children Contingent Beneficiary, with children of deceased Children to share:**
"Mary E. Doe, wife of the Insured, if living, otherwise to Allen S. Doe and Jo Ann Doe, children of the Insured in equal shares or to the survivor; provided however, should any of the said children of the Insured die before the Insured, leaving a child or children, any share which said deceased child of the Insured would have received if living at the time of the Insured's death shall be paid in equal shares to the then living children of said deceased child of the Insured."
- (12) **Trustee as Beneficiary under a Written Trust Agreement:** "The "Blank" National Bank of San Francisco, California as Trustee, under Agreement of Trust dated _____." (Copy of Trust Agreement must be sent to the Company)
- (13) **Unequal Distribution; Use Fractions with a Common Denominator:**
"(a) Three-fourths (3/4) of the proceeds to Mary E. Doe, wife of the Insured, if living, and one-fourth (1/4) of the proceeds to Jo Ann Doe, daughter of the Insured, if living, otherwise all to the survivor. (b) Two-fourths (1/2) of the proceeds to Mary E. Doe, Wife of the Insured, if living, and one-fourth (1/4) of the proceeds to Allen S. Doe, son of the Insured and one-fourth (1/4) of the proceeds to Jo Ann Doe, daughter of the Insured, and in the event of death of any said beneficiary, such deceased beneficiary's share shall be paid to the survivors in equal shares or to the survivor of them."