



Change of Beneficiary

I, _____, owner of Certificate No. _____,
 revoke all former beneficiary designations under this Certificate and declare that all sums payable after my death under this
 Certificate be paid in accordance with the designation(s) set forth below:

PRIMARY BENEFICIARY (IES)

Name and Address	Age	Relationship	%

CONTINGENT BENEFICIARY (IES)

Name and Address	Age	Relationship	%

I reserve the right to change or revoke this beneficiary designation(s), subject to any applicable laws.

Dated at _____
City

In the Province or State of _____ this _____ day of _____, _____.
Month Year

 Signature of Witness – not a beneficiary

 Signature of member

 Name of witness - print

 Address City

 Address City

 Province/State Postal Code/Zip Code Telephone#

 Province/State Postal Code/Zip Code Telephone#