

CATHOLIC ASSOCIATION OF FORESTERS

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CHANGE OF BENEFICIARY FORM

TO THE EXECUTIVE BOARD OF THE CATHOLIC ASSOCIATION OF FORESTERS

Certificate No. _____

I, _____
residing at _____
and now a member of _____ Court No. _____
hereby order and direct that all benefits payable on account of my death shall be paid as follows:

<u>BENEFICIARY</u>	<u>RELATION</u>	<u>RESIDENCE</u>

Witness my hand this _____ day of _____ 20_____

Signature of Member: _____

I hereby certify that I personally witnessed the above-named member affix his or her signature to this document.

Witness: _____

Address: _____

Witness to Signature of member must be an adult person other than the Beneficiary named herein.

RETURN POLICY WITH THIS FORM

Form L – 22 (Rev 7/2017)