



SPJST

Insuring and Enriching Lives

Please return to SPJST, PO Box 100, Temple, Texas 76503-0100

Ph# 1-800-727-7578

Ph# 254-773-1575

APPLICATION FOR CHANGE OF BENEFICIARY

I, _____, the undersigned, being a member of local lodge No. _____ of SPJST and being insured under Certificate No. _____ for \$ _____ hereby revoke my former designation as the Beneficiary of said certificate and now authorize, direct and instruct that the benefits due there under in case of my decease be paid as follows:

NAME OF BENEFICIARY

RELATIONSHIP

SOCIAL SECURITY NUMBER

PRIMARY BENEFICIARY:

CONTINGENT (SECONDARY): _____

X _____
Insured's Signature

Address, City, State, Zip Code

Phone Number

Social Security Number

SUBSCRIBED AND SWORN TO BEFORE ME, this the _____ day of _____, 20_____

Notary Public, _____ County, Texas