

**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.