

# Absolute Assignment (Retention of Beneficiary)

Modern Woodmen of America  
1701 1st Avenue  
Rock Island, Illinois 61201  
1-800-447-9811  
www.modern-woodmen.org



PLEASE see instructions on back of form.

Insured's Name in Full (Print)	Certificate Number
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I hereby assign all right, title and interest in the Modern Woodmen of America certificate identified above, including all sums now or hereafter due under the terms and conditions thereof, all dividend additions and all options, rights and privileges to:

Name of Assignee	Assignee's Social Security No., Employer ID No. or Tax Payor Identification No.	Assignee's Street Address, City, State & Zip
<input type="checkbox"/> Male <input type="checkbox"/> Female	If Individual Date of Birth — —	Phone Number — —

The Owner and the Assignee by acceptance of this assignment agree that any death benefits shall, unless the Assignee properly requests a change of beneficiary designation prior to the death of the Insured, be payable to the beneficiary as specified in the certificate at the time of this assignment, if said beneficiary survives the Insured. If no designated beneficiary survives the Insured, any death benefits shall be payable to the Assignee or the representative of the Assignee's estate.

Signed and dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**NOTARY INFORMATION:**

\_\_\_\_\_  
Owner

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally came \_\_\_\_\_, to me known to be the individual described in and who executed the above assignment and acknowledged to me that \_\_\_ he executed the same.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

\* \* \* \* \*

Modern Woodmen of America, without assuming any responsibility for the validity or the sufficiency of the foregoing assignment, has on this date filed a duplicate thereof at its Home Office.

Date \_\_\_\_\_

MODERN WOODMEN OF AMERICA

By \_\_\_\_\_  
National Secretary



# INSTRUCTIONS

This assignment form is furnished for the convenience of the members of Modern Woodmen of America. The Society will assume no responsibility for the intentions or capacity of the parties or the validity or effect of any assignment which it may record.

1. **COMPLETING THE FORM** — This form can be completed after the certificate is issued and accepted by the Owner.
  - a. **Name of Assignee** — Only one Assignee can be named on this form.
  - b. **Gender and Date of Birth** — Provide the gender and date of birth if the Assignee is an individual (as opposed to a corporation or other entity.)
  - c. **Social Security Number** — The Social Security Number of the Assignee is needed. If the Assignee is a corporation or other entity, the Employer Identification Number or Tax Payor Identification Number should be provided.
  - d. **Telephone Number** — Provide area code and phone number.
  - e. **Mailing Address** — The full mailing address of the Assignee is required. All notices, including premiums notices, will be sent in care of the Assignee.
2. **SIGNATURE AND NOTARY** — The assignment form must be signed in the presence of a Notary Public with them affixing their seal.
3. **BENEFICIARIES** — In order to avoid possible conflict of interest, the principal beneficiary named in the certificate and the Assignee should be the same. After the assignment has been recorded, the Assignee may request a change of beneficiary, if desired, on the Society's Application for Beneficiary or Name Change form.
4. **MAILING** — The completed form should be sent to the address below. After recording, an acknowledgement will be returned to the Assignee to be filed with the certificate of insurance.

Modern Woodmen of America  
Members' Service Department  
1701 1st Avenue  
Rock Island, IL 61201