## ALLIANCE OF TRANSYLVANIAN SAXONS INSURANCE CERTIFICATES BENEFICIARY and/or NAME CHANGE REQUEST

Beneficiary Changes: I, the undersigned member on No request the beneficiaries on my Co (All prior dispositions are now voided.)	of BranchInsurance Certificate ertificate be changed as shown herewith:
NAME: (Indicate (P) for Principal ADDRESS (C) for Contingent	RELATIONSHIP TO INSURED
Name Change: Name of Insured to be changed:	
From	
То	
Changes Authorized By: Signature of Member	
Date:	The state of the s
Verification of Change:	Officer's Signature
ange Recorded at ATS Home Office on:	
Date	ATS Form 14/9

## IMPORTANT INFORMATION AND INSTRUCTIONS

Please use separate form for each certificate on which a change is desired. Return certificate with this form. Please WRITE all signatures in ink. DO NOT PRINT. We prefer to have the Secretary witness the member's signature. The witness must not be a designated beneficiary.

## I. BENEFICIARIES

The Member may select as principal or contingent beneficiary/ies any person, persons, firm, corporation or other legal entity, including the Estate of the Member. He may stipulate that funeral expenses be paid first.

The Member shall have the right to change the beneficiary/ies named at any time. Such change shall take effect as of the date the written request is received at the Home Office of the Alliance and endorsed upon the certificate, but when so endorsed, whether the Member be living or not, the change shall be effective as of the date the written request therefor was signed by the Member, but without prejudice to the Alliance on account of any proceeds paid or applied under any option prior to the receipt of such notice by the Alliance.

If one or more beneficiary/ies predecease the Member and no change is requested or made by the Member, the proceeds due shall be paid to the surviving beneficiary/ies.

If all beneficiary/ies predecease the Member and no change is requested or made by the Member, the proceeds due shall be paid to the Estate of the member.

Contingent beneficiary/ies will be paid in the event all principal beneficiary/ies predecease the Member, or if the principal beneficiary/ies die prior to receiving all of the guaranteed or certain installments under Option 2 or all of the proceeds under Option 3.

Provided there are no contingent beneficiary/ies designated by the Member prior to his death, the principal beneficiary/ies name shall have the right to select another beneficiary/ies to receive any of the proceeds that may remain due and payable after the principal beneficiary/ies' death. If no beneficiary/ies are designated or survive, the value of all unpaid guaranteed or certain installment under Option 2 or any amounts due or left on deposit with the Alliance under Option 3 will be paid in one sum to the Estate of the last beneficiary/ies having a vested interest in such installments or deposits.

## 2. OPTIONAL MODES OF SETTLEMENT.

If elected, the whole or any part of the proceeds of the certificate may be paid in accordance with one of the options described below. If no Optional Mode of Settlement is selected by the Member, the beneficiary/ies may make an election.

Election shall take effect as of the date written notice is received at the Home Office of the Alliance, but without prejudice to the Alliance on account of any proceeds paid or applied under any option prior to the receipt of such notice by the Alliance.

Option One (1) - Proceeds payable in one sum.

Option Two (2) — If the amount so payable be not less than \$1,000, payable in equal certain installments for a fixed period of years of one to ten years

Option Three (3) - Proceeds left with the Alliance at interest.

The amount of any installment payable under any of the options may be found in your certificate or obtained from the Home Office of the Alliance.