

ARTISANS ORDER OF MUTUAL PROTECTION

I _____ to whom Beneficiary Certificate No. _____ was issued do herewith return the same, revoke my former direction as to payment of Benefits and now authorize and direct the payment of Benefits due at my death to be made to _____

_____ Bearing relationship to me of _____
_____.

Witness my Hand and Seal _____ Day of _____ 20 _____.

Signature of Member L.S.

Address/City/State/Zip

Witness: _____

This form should be filled in, signed, witnessed and return to the home office, 8100 Roosevelt Blvd. Philadelphia, PA 19152, with your Certificate of Membership (policy). The change of beneficiary will be endorsed on the Certificate and returned to you.