Release of Control to the Insured on a Junior Certificate

Modern Woodmen of America 1701 1st Avenue Rock Island, Illinois 61201 1.800.447.9811 www.modern-woodmen.org



I,		, the Applie	, the Applicant on Certificate No, hereby renounce all interest in said certificate and agree			
ssued to		, hereby re				
hat the Insured sh	nall have full control of sa	aid certificate.				
Signed at	City and State	Date	Month	Day	Year	
	City and State		Wolldi	Day	Teat	
			Written Signature of Releasing Applicant			
Writte	en Signature of Witness					
Witness is □ Age	ent □ Chapter Activiti	ies Coordinator □ C	Other			
PART TWO – To	o be completed by the I	nsured:				
Data Concerning t	the Insured					
	the Insured					
Data Concerning to Insured's Address						
Insured's Address						
Insured's Address Insured's Phone:	::				y Number.	
Insured's Address Insured's Phone:	s:				y Number.	
Insured's Address Insured's Phone:	s:		w is my con			
Insured's Address Insured's Phone:	s:		w is my con Social Secu	rect Social Securit	sured	
Insured's Address Insured's Phone:	s:	e number shown below	w is my cor Social Secu Written	rrect Social Securit rity Number of the Ins Signature of the Insur	sured	
Insured's Address Insured's Phone:	s:	e number shown below	w is my con Social Secu	rect Social Securit	sured	
Insured's Address Insured's Phone:	s:	e number shown below	w is my cor Social Secu Written	rrect Social Securit rity Number of the Ins Signature of the Insur	sured	

Form 1725 (Rev. 3-11)



INSTRUCTIONS FOR RELEASING CONTROL ON JUNIOR CERTIFICATE TO THE INSURED

A Junior Certificate is one in which the Insured had an issue age of 15 or less at the time of original issue. When the person under a Junior Certificate attains 21 years of age, the Certificate is no longer considered to be a Junior Certificate.

- 1. The Applicant for the Junior Certificate may release all control rights to the Insured during the period after the Insured attains age 16 and before the Insured attains age 21. The Applicant can release control to the Insured by completing Part One of this form. The Insured should then complete Part Two of this form.
- 2. All completed parts of the Release of Control should be dated and witnessed by a disinterested adult. The completed form should be returned to the Home Office.

This form does not change the beneficiary for any death benefits which may become payable.

Please return this form to:

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