



Designation of Beneficiary or Beneficiaries

_____ Date

I, _____ hereby designate
(Members Name)

_____ (Beneficiary or Beneficiaries Name)

_____ (Beneficiary or Beneficiaries Address)

_____ (City, State and Zip Code of Beneficiary or Beneficiaries)

_____ (Phone Number of Beneficiary or Beneficiaries)

_____ (Relationship to the Member)

The designated beneficiary(s) are to receive any payment(s) made by Cecelia Dunlap Grand Chapter, Order of Eastern Star, of Kentucky, following my death, if death occurs while I am a member in good standing of:

Chapter Name and Number: _____

Located in _____, Kentucky

I will notify the said Chapter within thirty (30) days, in case I choose to change the beneficiary, at any time, as listed above.

Signature and Date of Member

Signature and Date of Matron

Signature and Date of Secretary

SEAL OF CHAPTER

Original to the Chapter Secretary
Copy to Grand Secretary
Copy to the Member