



CDGCOES Form 21 (Revised 1/21)

Cecelia Dunlap Grand Chapter, OES of Kentucky, INC., PHA

DESIGNATION OF BENEFICIARY OR BENEFICIARIES

_____ **Date**

I, _____ hereby designate
(Name of Member)

(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 Inc., PHA 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.

Point of Contact-Should be different from your beneficiary.

Name: _____ Telephone/Cell Number _____

Address: _____ Email: _____

_____ Signature and Date of Member

_____ Signature and Date of Worthy Matron

_____ Signature and Date of Secretary

Original to the Chapter Secretary

Copy to Grand Secretary

Copy to the Member

CHAPTER SEAL