PRINCE HALL GRAND CHAPTER ORDER OF THE EASTERN STAR

Rite of Adoption for the State of South Carolina and Jurisdiction

BENEFICIARY DESIGNATION FORM

1 MEMBER INFORMATION

Name of Chapter _____

Member's Name _____

Member's Address _____

Telephone # _____ Cell # _____

2 PRIMARY BENEFICIARY

Primary Beneficiary's Name _____

Primary Beneficiary's Address _____

Primary Beneficiary's Telephone # _____ Cell # _____

Relationship to member _____

3 CONTINGENT BENEFICIARY

Contingent Beneficiary's Name _____

Contingent Beneficiary's Address _____

Contingent Beneficiary's Telephone # _____ Cell # _____

Relationship to member _____

4 CERTIFICATION

I hereby certify that the above information is true and correct.

Chapter's Seal

_____
Member's Signature

5 DATES

Date _____ Date _____ Date _____

(Member Date each year that changes are made)

Date _____ Date _____ Date _____

(Chapter Secretary Date Each Year Changes Are Made)

NOTE: You are to designate two beneficiaries so that in the event that the primary beneficiary dies at the same time or close to the same time as the member, the contingent beneficiary would then receive the donation.