

Prince Hall Grand Chapter  
Order of Eastern Star  
State of Washington and Jurisdiction

**Beneficiary Form**

**Date:** \_\_\_\_\_

**This form is a request for you to update your beneficiary's name for your Chapter's records. A copy of this form will be kept in your Chapter's files and a copy will be on file with the Grand Secretary.**

**(Please Print)**

**Chapter Name:** \_\_\_\_\_ **No.** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**It is my request to name the person listed below as my beneficiary.**

**Beneficiary's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ **Email** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Member's Signature** \_\_\_\_\_

**Use the back of this form if more space is needed.**