

Change of Beneficiary Form

Please type or print legibly

Date: _____

To the Supreme Council of the Royal Arcanum.

I request the Supreme Council of the Royal Arcanum to change the beneficiary under my Certificate No. _____ and direct the Supreme Council to pay the benefit thereunder to the following designated beneficiary (or beneficiaries):

If more than one beneficiary, designate share of each (25%, 50%, 75% etc.)

Proper completion of this form and delivery to the Society automatically revokes any and all prior primary and contingent beneficiary designations.

Full Name of Beneficiary Primary	Relationship	Soc.Sec.# or SIN *	Residence of Beneficiary Town or City State or Province, ZIP Code	Share of Beneficiary
Contingent Beneficiary **				

**** Contingent Beneficiaries will not receive anything if there are any living Primary Beneficiaries****

Member

Witness

Name: _____

Signature _____

Address: _____

Name _____

City: _____

Address _____

State/Province: _____

City, State, Zip _____

Zip/Postal Code: _____

Signature & Date: _____

ATTEST: _____
Supreme Secretary

***SSN/SIN for identification only**