APPLICATION FOR CHANGE OF SPONSOR



- Please complete on-line or print all information.
 If completed on-line, please save a a copy for your records prior to printing and signing.
 Please complete every blank

To the Supreme Council of the R	oyal Arcanum:				
I,(Print Name)		. related to .	. related to Junior		
holding Benefit Certificate #		on the			
<i>3 3 3</i> —			(State Plan)		
plan as(State Relationship)	do hereby c	certify that I am	eligible to be substitut	ed as Sponsor	
of said Junior in the place and stead of			the r	resent Sponsor	
<i>z</i>) <i>z Pz</i>		(Print Sponsor's 1	Name)	or or or or or	
and I hereby request that I be su	bstituted as such	n Sponsor and a	gree to pay the assessm	ents required by	
said Junior's Benefit Certificate.					
Dated:			(Signature)		
Council	<i>No</i>		(Address)		
			(City or Town)	(Zip)	
			(State or Province)	
I,	f Prosent Spansor)	, Sponsor of	the above named Juni	or do hereby	
consent to the substitution of (Print New Spons)		sor Name)	as Sponsor of said Junior		
in my place and stead.	(11mm) ten spom	oo. Ivanie,			
, I					
Datada					
Dated:					
			(Signature)		