

FUNERAL BENEFIT
BENEFICIARY FORM

DATE: _____ AUXILIARY NO: _____ LOCATION: _____

BENEFIT MEMBER INFORMATION

Name _____

Address _____

City, State Zip _____

Telephone No. _____

BENEFICIARY INFORMATION

First Beneficiary

Name _____

Address _____

City, State, Zip _____

Telephone No. _____

Relationship to Member _____

Second Beneficiary

Name _____

Address _____

Telephone No. _____

Relationship To Member _____

In case of a Beneficiary change, Please contact your Auxiliary Secretary for a new "Beneficiary Form"

Signature _____