

Form #1

BENEVOLENT FUND
BENEFICIARY FORM

District: _____

Chapter Name and Number _____

Chapter Address: _____

Telephone: _____

Member's Name: _____

Address: _____

Telephone: _____

DEATH BENEFITS TO BE PAID TO:

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Member's Signature: _____

Chapter Secretary Signature: _____

Date: _____

Please return immediately to:

Eureka Grand Chapter, Inc., P.H.O.E.S.
454 West 155th Street
New York, NY 10032
Attention: Grand Secretary