

Change of Beneficiary Form

Please type or print legibly

Member's Name: _____

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 **				

The **OWNER** (if owner is not the insured member) must sign and date this form in the presence of a witness who is not the Beneficiary.
IMPORTANT: A Social Security Number is required for all persons listed above to complete the Beneficiary Change Request.

**** Contingent Beneficiaries will only receive the death benefit if all Primary Beneficiaries listed above are proven to be deceased****

Owner

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**