

**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.) must total 100%**

**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
<b>Contingent Beneficiary **</b>				

The **OWNER** 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: \_\_\_\_\_

**\*SSN/SIN for identification only**

Supreme Secretary

**Supreme Council of the Royal Arcanum, 61 Batterymarch Street, Boston, MA 02110-3208**

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**www.royalarcanum.com**