



TAR HEEL GRAND COMMANDERY, KNIGHTS TEMPLAR (PHA)
JURISDICTION OF NORTH CAROLINA

BENEFICIARY VERIFICATION FORM

I, Sir Knight _____ submit this beneficiary verification form
to Tar Heel Grand Commandery to validate the beneficiary of my benevolence.

I am a member of _____ Commandery No. _____

My primary beneficiary is:

Contact Numbers

Home () _____

Cell () _____

In the event my Beneficiary Verification Form is not updated in an annual and/or timely manner, I identify my secondary beneficiary below. This person receives my benevolence if the primary beneficiary is deceased.

My secondary beneficiary is:

Contact Numbers

Home () _____

Cell () _____

Printed Name

Signature and Date

***This form should be updated annually and attached to the
Annual Commandery Report***

THGCINC FORM 4
BENEFACTOR VERIFICATION FORM