



THE MOST EXCELLENT GRAND CHAPTER HOLY ROYAL ARCH MASON OF
NORTH CAROLINA AND JURISDICTION, INC.

BENEFICIARY VERIFICATION FORM

I, Companion _____ submit this beneficiary verification form

to The Most Excellent Grand Chapter Holy Royal Arch Masons to validate the beneficiary of my benevolence.

I am a member of _____ Chapter 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 Chapter Report***

MEGCHRAMNC Form 8
Benefactor Verification Form