

REQUEST FOR CHANGE OF BENEFICIARY
FOR
SUBORDINATE LODGES UNDER THE PROTECTION OF THE
MOST WORSHIPFUL UNION GRAND LODGE F. & A.M. OF FLORIDA INC. P.H.A.

All applications blanks must be supplied from the Grand Lodge Office. No other will be accepted.
(please block print or type)

LODGE NAME: _____ **LODGE NO.:** _____

LOCATION: _____ **WORSHIPFUL MASTER:** _____

NAME OF MEMBER: _____

ADDRESS: _____
 Street City State Zip

PRESENT BENEFICIARY: _____ **RELATIONSHIP:** _____

ADDRESS: _____
 Street City State Zip

CHANGE TO: _____ **RELATIONSHIP:** _____

ADDRESS: _____
 Street City State Zip

REASON FOR CHANGE: _____

ORIGINAL CERTIFICATE

GRAND MASTER: _____ **DATE:** _____

GRAND SECRETARY: _____

WORSHIPFUL MASTER: _____

SECRETARY: _____

SIGNATURE OF MEMBER: _____ **DATE:** _____

SIGNATURE OF WORSHIPFUL MASTER: _____ **DATE:** _____

SIGNATURE OF SECRETARY: _____ **DATE:** _____

SWORN BEFORE ME THIS _____ **DAY OF** _____ **20** _____

NOTARY PUBLIC: _____

SEAL