



**Most Worshipful Prince Hall Grand Lodge  
Free and Accepted Masons of Washington and Jurisdiction**

**Member's Beneficiary Designation Form**

This form designates or update a member's beneficiary to receive Death Benefit upon the member's demise. A copy shall be kept with the lodge's records and a copy maintained by the member.

Lodge Name & Number: \_\_\_\_\_

Member's Name: \_\_\_\_\_

It is my intent to name the person or persons listed below as my beneficiary

1. Primary Beneficiary's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Percentage of benefit: \_\_\_\_\_

**Note:** The primary beneficiary will receive 100% of death benefit. A secondary beneficiary may be designated and will receive 100% of Death benefit in case of non-availability of primary. Each beneficiary may receive a percentage, designate percentage amount. If no percentage is designated primary receives 100%.

2. Secondary Beneficiary Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Percentage of benefit: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Information or instructions may be included on the reverse side of this form.