

# Knights of Peter Claver / Ladies Auxiliary Change of Beneficiary

*(Please Note: This Form Must Be Filled Out In Duplicate)*

## Section 1 - For Use ONLY of Member Changing Beneficiary

Date \_\_\_\_\_

Cert. No. \_\_\_\_\_

The Executive Director of the Knights of Peter Claver is hereby authorized to change my beneficiary to:

Name(s) \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
Signature of Member

Mailing Address of Beneficiary

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Section 2 - For Use ONLY of the Council/Court Requesting Change

The above change of beneficiary for:

\_\_\_\_\_  
(Name of Member)

has been made on the books of \_\_\_\_\_

Council/Court No. \_\_\_\_\_ as of \_\_\_\_\_ 20\_\_\_\_\_

SEAL

\_\_\_\_\_  
Signature of Financial Secretary

## Section 3 - For Use ONLY of the Office of Executive Director

The above change is approved and has been recorded as of

\_\_\_\_\_  
20\_\_\_\_\_

SEAL

\_\_\_\_\_  
Executive Director

1. White copy for Executive Director.

2. Yellow Copy for Council/Court requesting change.