

Rahab Grand Court Heroines of Jericho
Jurisdiction of South Carolina Prince Hall Affiliation



BENEFICIARY FORM

Court _____ No. _____

Member's Name: _____

Member's Address: _____

Telephone # _____ Cell # _____

Primary Beneficiary's Name: _____

Relationship to member: _____

Address: _____

Telephone # _____ Cell # _____

Contingent Beneficiary's Name: _____

Relationship to member: _____

Address: _____

Telephone # _____ Cell # _____

Date: _____

Member's Signature: _____

Bi-Annual Verification

Date: _____, Date: _____, Date: _____,

Date: _____, Date: _____, Date: _____,

Date: _____, Date: _____, Date: _____

NOTE: You are to designate two beneficiaries so that in the event that the primary beneficiary dies at the same time or close to the same time as the member, the contingent beneficiary would then receive the donation.