HERMAN E. DUNCAN GRAND COUNCIL & COMMANDERY KNIGHTS TEMPLAR PHA STATE OF OKLAHOMA AND JURISDICTIONS

COMMANDERY BENEFIT ASSOCIATION

I	 ,		
A member of CO		MMANDERY No,	
Do hereby name as my Prima	ry Beneficiary:		
	Relation	Age	
Address			
Phone			
My Alternate Beneficiary:			
	Relation	Age	
Address			
Phone			
ANY BENEFIT THAT MY ES BENEFICIARY. IN THE EVENT BENEFIT WILL BE ISSUED THE ANY OTHER CERTIFICATE A BENEFICIARY, THE SAME IS HI	THAT MY PRIMARY BENEI ALTERNATE BENEFICIARY PPEARS NAMING ANY PE	FICIARY IS DECEASED, THE . I FURTHER STATE THAT IF RSON OR PERSONS AS MY	
	Ī	Member Signature & Date	
Recorder's Signature (Seal)			