



THE MOST EXCELLENT GRAND CHAPTER HOLY ROYAL ARCH MASON OF  
NORTH CAROLINA AND JURISDICTION, INC.

BENEFICIARY VERIFICATION FORM

I, Companion \_\_\_\_\_ submit this beneficiary verification form

to The Most Excellent Grand Chapter Holy Royal Arch Masons to validate the beneficiary of my benevolence.

I am a member of \_\_\_\_\_ Chapter No. \_\_\_\_\_

My primary beneficiary is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Numbers

Home ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

In the event my Beneficiary Verification Form is not updated in an annual and/or timely manner, I identify my secondary beneficiary below. This person receives my benevolence if the primary beneficiary is deceased.

My secondary beneficiary is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Numbers

Home ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature and Date

\*\*\*This form should be updated annually and attached to the  
Annual Chapter Report\*\*\*

MEGCHRAMNC Form 4A  
Benefactor Verification Form