

DESIGNATING A BENEFICIARY

I, the undersigned, hereby designate _____
Full name of beneficiary

Relationship _____ Address _____
City _____ State Zip Code _____

As the person entitled to any Death Benefits that may be due me from the Young Men's Institute at the time of my death.

Dated at _____ No. _____
Council name _____
this _____ day of _____, _____ year.
day month year

Signature of member in full _____ Council Roll # _____

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