

**CHANGE OF BENEFICIARY FORM**

Date:

TO: Myra Grand Chapter, 0.E.S P.H.A.
State Charity Fund Committee

1307 Eutaw Place

Baltimore,MD 21217

a member in good financial standing of

Chapter No.

here by designate

(Relationship)

(Street Address — Include City, State, and Zip Code)

as my beneficiary for all funds due from the State Charity Fund of Myra Grand Chapter,

Order of the Eastern Star, P.H.A.,Jurisdiction of Maryland.

(Member's Signature)

day of

20

, a Notary Public in and for the State of Maryland.

(Signature

Notary Public)

SEAL

My Commission Expires:

**MYRA GRAND CHAPTER
ORDER OF THE EASTERN STAR P.H.A.
1307 Eutaw Place, Baltimore, MD 21217
State Of Maryland And Jurisdiction**

Subscribed and sworn to before me, in presence, this