



**Palmetto Grand Commandery  
Knights Templar  
Jurisdiction of South Carolina**



## BENEFICIARY FORM

To: GRAND RECORDER \_\_\_\_\_, 20\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four of SSN# \_\_\_\_\_

Phone No. \_\_\_\_\_ Commandery or Guild # \_\_\_\_\_

### BENEFICIARY INFORMATION

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four of SSN # \_\_\_\_\_

Relationship: \_\_\_\_\_ % of Benefit \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four of SSN # \_\_\_\_\_

Relationship: \_\_\_\_\_ % of Benefit \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_