

**YOUNG MEN'S
INSTITUTE**



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 _____, _____
day month year

Signature of member in full Council Roll #