



CERTIFICATE OF BENEFICIARY

TO PRINCESS COMMANDRESS, ROYAL ADVISOR AND MEMBERS

Of _____ Court No. _____

Order of Cyrene Crusaders, under the Jurisdiction of the State of Alabama, located at _____

_____ County of _____

In the above named State.

I _____ being of sound mind and

(PRINT FULL NAME)

Memory and _____ years of age, am a member of O.E.S. _____

_____ Chapter No. _____, in good standing.

My residence is at *(No Post Office Box)*. _____

In the City of _____ Zip _____ and State of Alabama.

I direct that in case of my death, all benefits to which I may be entitled from the Charity

Department of the above named Order of Cyrene Crusader Court, shall be paid to:

PRINT Full Name _____

Address _____

Relationship _____

MEMBER'S SIGNATURE

WITNESS SIGNATURE

Witness: _____

PRINT FULL NAME

Address: _____

Date: _____

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