



Application for Benevolent Fund Retirement Benefit

This section is to be completed by the lodge member

Applicant's Name: _____

Date of Retirement: _____

Address: _____

City State Zip

Phone: _____

This section is to be completed by the Lodge Board of Directors

Date Joined: _____ Years of Service: _____

Benefit Amount: \$ _____

Secretary: _____

Print Name

Signature

Date

President: _____

Print Name

Signature

Date

Original Form shall be kept by the Lodge Secretary.

Copy of form shall be forward by Lodge Secretary to Benefit Fund Company for disbursement.

A copy of the Benefit Payment check shall be attached to this application.