



# 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 the 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.