



LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

(800) 244-3439 (323) 259-5200

firemensrelief.org

DESIGNATION OF BENEFICIARY

MEMBER INFORMATION

FORM MUST BE SIGNED BY THE MEMBER, E-MAILED, FAXED OR MAILED AND RECORDED AT THE RELIEF BEFORE IT COMES EFFECTIVE.

| | | | | | |
|--|------------------|------------------------|---------------------------------|---------------|------------------------------|
| FULL NAME | | SOCIAL SECURITY NUMBER | | BIRTH DATE | BIRTH PLACE (CITY AND STATE) |
| ADDRESS | | | CITY | STATE | ZIP |
| HOME PHONE | CELL PHONE | EMAIL ADDRESS | | | |
| MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED | DATE OF MARRIAGE | SPOUSE'S MAIDEN NAME | SPOUSE'S SOCIAL SECURITY NUMBER | DATE OF BIRTH | NO. OF CHILDREN |
| IF DIVORCED GIVE DATE (FINAL DECREE) AND FROM WHOM: | | | | | |
| APPOINTED TO LAFD ON: | | | RETIREMENT DATE: | | |

I hereby notify you that in case of my death, my beneficiaries and/or executor(s) of trust are to be:

PRIMARY BENEFICIARIES

BENEFICIARIES SHARES MUST ADD UP TO 100%

(BENEFICIARIES MUST BE AT LEAST 18 YEARS OF AGE)

| | | | |
|-----------|-------|------------------|--------------|
| FULL NAME | | COMPLETE ADDRESS | RELATIONSHIP |
| PHONE | EMAIL | | % SHARE |
| FULL NAME | | COMPLETE ADDRESS | RELATIONSHIP |
| PHONE | EMAIL | | % SHARE |

Shares Must add Up to 100%

PRIMARY SHARE TOTAL

100%

SECONDARY BENEFICIARIES

BENEFICIARIES SHARES MUST ADD UP TO 100%

| | | | |
|-----------|-------|------------------|--------------|
| FULL NAME | | COMPLETE ADDRESS | RELATIONSHIP |
| PHONE | EMAIL | | % SHARE |
| FULL NAME | | COMPLETE ADDRESS | RELATIONSHIP |
| PHONE | EMAIL | | % SHARE |

Shares Must add Up to 100%

SECONDARY SHARE TOTAL

100%

EXECUTOR OF TRUST

| | | |
|-----------|-------|------------------|
| FULL NAME | | COMPLETE ADDRESS |
| PHONE | EMAIL | |

In case of accident or death, I wish you to notify:

| | | | |
|----------------------------|-------|------------------|--------------|
| NAME (FIRST, MIDDLE, LAST) | | COMPLETE ADDRESS | RELATIONSHIP |
| PHONE | EMAIL | | |

Members Signature

Date

Officer of Relief Association

Date

Please mail original signed document to:
LOS ANGELES FIREMEN'S RELIEF ASSOCIATION
PO BOX 41903, LOS ANGELES, CA 90041

IMPORTANT: The filing of this form will completely cancel any Designation of Beneficiary you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries.