

## DESIGNATION OF BENEFICIARY

firemensrelief.org

FORM MUST BE SIGNED & DAT	ווו ועע.	il Milmiden. Ri				AT MONTO	MEMBERS	DEAIII DE	ONE II	COMES EFFECTIVE.
			MEMBER	RIN	FORMATION					
FULL NAME		LAST 4 DIGITS of SSN		BIRTH DATE BIRTH PLACE (		CE (CITY AN	(CITY AND STATE)			
ADDRESS				СІТУ		STATE ZIP		ZIP	IP	
HOME PHONE		CELL PHONE		E	MAIL ADDRESS					
MARITAL STATUS  □ SINGLE □ MARRIED □ SEPARATED □ DIVORCED	GLE MARRIED		SPOUSE'S MAIDEN NAME		SPOUSE'S LAST 4 DIGITS of S.	SN DATE OF BIRTH			NO. OF CHILDREN	
IF DIVORCED GIVE DATE (FINAL DECREE) A	ND FROM	WHOM:								
APPOINTED TO LAFD ON:				RE	TIREMENT DATE:					
I HEREBY NOTI	Y YOU	THAT IN CA	SE OF MY DEATH, MY	ΒE	NEFICIARIES AND/OF	RTRUSTEE	(S) OF TH	E TRUST	ARE TO	O BE:
PRIMARY BENEFICIARI	ES	PRIMARY MUST	BENEFICIARIES SHARES ADD UP TO 100%		(BENEFICIARIES	MUST BI	E AT LEAS	ST 18 YI	ARS C	OF AGE)
FULL NAME				COMPLETE ADDRESS				RELA	ATIONSHIP	
PHONE	EMAIL								% S	HARE
FULL NAME				COMPLETE ADDRESS				RELA	ATIONSHIP	
PHONE	EMAIL								% S	HARE
SECONDARY BENEFICIA	RIES	SECONDAI MU:	RY BENEFICIARIES SHARES STADD UP TO 100%		PR	IMARY	SHARE	тота	L	100%
FULL NAME					COMPLETE ADDRESS				RELA	ATIONSHIP
HONE EMAIL								% S	HARE	
FULL NAME				COMPLETE ADDRESS				RELA	ATIONSHIP	
PHONE	EMAIL								% S	HARE
TRUSTEE OF THE TRUST					SE	CONDAR	RY SHAR	E TOTA	L	100%
FULL NAME					COMPLETE ADDRESS					
PHONE	E EMAIL				-					
In case of accident or dea	eth Lu	vish vou to	notify:							
NAME (FIRST, MIDDLE, LAST)	KII, I V	non you to	noary.		COMPLETE ADDRESS				REL	ATIONSHIP
PHONE	EMAIL									

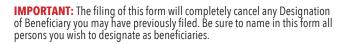
**MEMBERS SIGNATURE** 

**DATE** 

**OFFICER OF RELIEF ASSOCIATION** 

**DATE** 







## **ADDITIONAL BENEFICIARIES**

## *IMPORTANT:* BENEFICIARY SHARES (PG 1 & 2) MUST ADD UP TO 100%

(BENEFICIARIES MUST BE AT LEAST 18 YEARS OF AGE)

PRIMARY BENEFICIAR	RIES (continued)			
FULL NAME		COMPLETE ADDRESS	RELATIONSHIP	1
PHONE	EMAIL		% SHARE	<b>1</b>
FULL NAME		COMPLETE ADDRESS	RELATIONSHIP	1
PHONE	EMAIL		% SHARE	1
FULL NAME		COMPLETE ADDRESS	RELATIONSHIP	1
PHONE	EMAIL		% SHARE	<b> </b>
FULL NAME		COMPLETE ADDRESS	RELATIONSHIP	1
PHONE	EMAIL		% SHARE	1
	•	PRIMARY SHARE TOTAL	100%	1

SECONDARY BEN	EFICIARIES (continued)		
FULL NAME		COMPLETE ADDRESS	RELATIONSHIP
PHONE	EMAIL		% SHARE
FULL NAME	·	COMPLETE ADDRESS	RELATIONSHIP
PHONE	EMAIL		% SHARE
FULL NAME		COMPLETE ADDRESS	RELATIONSHIP
PHONE	EMAIL		% SHARE
FULL NAME	•	COMPLETE ADDRESS	RELATIONSHIP
PHONE	EMAIL		% SHARE
	·	SECONDARY SHAR	<b>RE TOTAL</b> 100%

