



LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

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

firemensrelief.org

DESIGNATION OF BENEFICIARY

FORM MUST BE SIGNED & DATED BY THE MEMBER. RECEIVED (VIA FAX or MAIL) & RECORDED AT LAFRA PRIOR TO MEMBERS DEATH BEFORE IT COMES EFFECTIVE.

MEMBER INFORMATION

FULL NAME		LAST 4 DIGITS of SSN		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 LAST 4 DIGITS of SSN	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 TRUSTEE(S) OF THE TRUST ARE TO BE:

PRIMARY BENEFICIARIES

PRIMARY 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
PRIMARY SHARE TOTAL				100%

SHARES MUST ADD UP TO 100%

SECONDARY BENEFICIARIES

SECONDARY BENEFICIARIES SHARES MUST ADD UP TO 100%

FULL NAME		COMPLETE ADDRESS		RELATIONSHIP
PHONE	EMAIL			% SHARE
FULL NAME		COMPLETE ADDRESS		RELATIONSHIP
PHONE	EMAIL			% SHARE
SECONDARY SHARE TOTAL				100%

SHARES MUST ADD UP TO 100%

TRUSTEE OF THE 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.

ADDITIONAL BENEFICIARIES

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

(BENEFICIARIES MUST BE AT LEAST 18 YEARS OF AGE)

PRIMARY BENEFICIARIES <i>(continued)</i>				
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
PRIMARY SHARE TOTAL			100%	

ALL BENEFICIARY SHARES (PG 1 & 2) MUST ADD UP TO 100%

SECONDARY BENEFICIARIES <i>(continued)</i>				
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 SHARE TOTAL			100%	

ALL BENEFICIARY SHARES (PG 1 & 2) MUST ADD UP TO 100%