CLINTON/ST.CLAIR COUNTY FIREMEN'S ASSOCIATION, INC.
DEATH BENEVOLENT FUND

REQUEST FOR BENEFICIARY CHANGE

I, _____ a member of, _____Fire Department this date do hereby request a beneficiary'(s) change on my death benefit plan. I understand that I reserve the right to change either or both beneficiaries upon written request to the treasurer of the Clinton/St. Clair County Firemen's Association Death Benevolent Fund. I understand that the name on the second beneficiary line in the event the first beneficiary has preceded me in death will be declared the current beneficiary unless otherwise stated on the request form. I understand that I may endorse the payment prior to death, to one or both of my beneficiaries in any divided amount or have payment made to only one beneficiary in the event of my death. I understand that this request form will be the legal, and current change to my beneficiaries unless another written change is made.

FIRST BENEFICIARY

Name:_____ ***Address:***_____

City:_____ State:____ Zip Code:_____

Home Phone:_____ Relationship:_____

SECOND BENEFICIARY

Name:_____ ***Address:***_____

City:_____ State:____ Zip Code:_____

Home Phone:_____ Relationship:_____

_____ _____
My Signature My Name – Please Print

_____ _____
Witness- Non Beneficiary Witness Non Beneficiary

_____ _____
Secretary of above Department Date