



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

Post Office Box 998
O'FALLON, IL 62269

OFFICE: 618-622-2978

: c f a B i a V y f .

DEATH BENEVOLENT INFORMATION

APPLICANT'S NAME		DOB (mm/dd/yyyy)	
HOME ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:		CELL PHONE:	
APPLICANT'S DEPARTMENT			
MEMBER SINCE:	MEMBER'S CURRENT STATUS:		
RANK:	_____ ACTIVE	_____ INACTIVE	
DATE RETIRED:	_____ ANNUAL	_____ RETIRED	

BENEFICIARY INFORMATION

1. BENEFICIARY NAME:		
HOME ADDRESS:		
CITY:	STATE:	ZIP:
2. BENEFICIARY NAME:		
HOME ADDRESS:		
CITY:	STATE:	ZIP:

The information contained on this application is, to the best of my knowledge, true and correct. I understand that by providing any false or untrue information I am compromising my beneficiaries' ability to collect their entitled benefits upon my death.

SIGNATURE OF APPLICANT

APPLICANT'S PRINTED NAME

WITNESS (NON-BENEFICIARY)

DATE OF APPLICATION

OFFICE USE
