



BENEFICIARY DESIGNATION FORM

Indicate one of the following:

New Insured
 Beneficiary Change
 Name Change: From: _____

Complete all of the following information:

Policyholder Name and Policy Number/s <i>(Emergency Service Organization Name)</i>		
<input type="checkbox"/> Group Term Life – Policyholder Name _____	Policy Number _____	
<input type="checkbox"/> Length of Service Award – Policyholder Name _____	Policy Number _____	
<input type="checkbox"/> Accident & Sickness – Policyholder Name _____	Policy Number _____	
<input checked="" type="checkbox"/> Other – Policyholder Name <u>SFFMA</u>	Policy Number <u>SRG0009110161</u>	
<input type="checkbox"/> Other – Policyholder Name _____	Policy Number _____	
<input type="checkbox"/> Other – Policyholder Name _____	Policy Number _____	
Last Name	First Name	MI
Date of Birth	Date of Membership	Social Security Number / /

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

BENEFICIARY DESIGNATION – Primary Class	Relationship to Insured	Date of Birth	Social Security Number	Percent
BENEFICIARY DESIGNATION – Contingent Class	Relationship to Insured	Date of Birth	Social Security Number	Percent

MINOR OR ESTATE AS BENEFICIARY: If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: _____ Date: _____

Sample wording for Beneficiary Designations

Class	Relationship to Insured	Percent
One Beneficiary of a class Jane Ann Jones	Spouse	100%
Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones	Father Mother	50% 50%
Unnamed Children: Children of the Named Insured		Split Equally
Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones	Mother Sister Brother	50% 25% 25%
Insured's Estate	Executors or Administrators of the Insured's Estate	