## Cape May County Fireman's Aid Association CHANGE OF MEMBERS BENEFICIARY

		hat he or she is a member in go		
	n's Aid Association, Membership Certificate eferred to as "member" on this form.	e Number, dated _		
Current records	indicate that the member designated		as Beneficia	y.
he member no	w desires and requests that the Beneficiary	under Certificate of Membersh	ip be changed to	Designate
New Beneficiary:		as said Beneficiary to	be recorded as of	
	Please Print Name	•		Present Date
		Relationship		
	Address			
	City, State, Zip			
	Beneficiary Phone #			
Members Signature		Subscribe	d and sworn to befo	re me
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ne member no	w desires and requests that the Beneficiary	under Certificate of Membersh	ip be changed to	Designate
ew Beneficiar	ry:	as said Beneficiary to	be recorded as of	
	Please Print Name			Present Date
	Address	Relationship		<del></del>
	Address			
	City, State, Zip			
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