

Cape May County Fireman's Aid Association

CHANGE OF MEMBERS BENEFICIARY

_____ deposes and says that he or she is a member in good standing of the Cape May County Fireman's Aid Association, Membership Certificate Number _____, dated _____ and is further referred to as "member" on this form.

Current records indicate that the member designated _____ as Beneficiary.

The member now desires and requests that the Beneficiary under Certificate of Membership 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

Subscribed and sworn to before me

Members Current Address

This _____ day of _____ 20__

City, State, Zip

Notary

Members Phone #

LS _____

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