

Cape May County Fireman's Aid Association

Edward K Pew, Secretary.... 609 517 4547.....CMCFAA@YAHOO.COM

CHANGE OF MEMBERS BENEFICIARY

MULTIPLE BENEFICIARIES

Please complete the form below in order to change or add to your designated beneficiary. If you would like more than one beneficiary, please be sure to list each individual name, address and a phone number so that each beneficiary can be contacted. Also please list the person that will be responsible for providing a death certificate and membership certificate as the first entry. Please call if additional information is needed.

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_____ deposits 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 the following as listed below as said Beneficiary to be recorded as of _____
Present Date

If the Primary Beneficiary percentage of Benefits is 100% then the following Beneficiaries will be considered contingent of the Primary. Be sure to specify the proper percentage of benefits for all names listed.

Primary

Beneficiary # 1:

_____	_____
Please Print Name	Relationship
_____	_____
	Beneficiary Phone #

Address	
_____	_____
City, State, Zip	% of benefit

Beneficiary # 2:

_____	_____
Please Print Name	Relationship
_____	_____
	Beneficiary Phone #

Address	
_____	_____
City, State, Zip	% of benefit

Beneficiary # 3:

_____	_____
Please Print Name	Relationship
_____	_____
	Beneficiary Phone #

Address	
_____	_____
City, State, Zip	% of benefit

Beneficiary # 4:

Please Print Name

Relationship

Beneficiary Phone #

Address

% of benefit

City, State, Zip

Beneficiary # 5:

Please Print Name

Relationship

Beneficiary Phone #

Address

% of benefit

City, State, Zip

Members Signature

Subscribed and sworn to before me

Members Name, Please Print

This _____ day of _____ 20__

Members Current Address

Notary

City, State, Zip

Members Phone #

LS