

F.O.P Lodge #113

BENEFICIARY INFORMATION FORM

MEMBER'S NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRIMARY BENEFICIARY \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SECONDARY BENEFICIARY \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

LIST ANY OTHER BENEFICIARYS IN ORDER OF IMPORTANCE. NAME DATE OF BIRTH AND SOCIAL SECURITY NUMBER

PLEASE CHECK THE APPROPRIATE SERVICES

DO YOU WANT F.O.P SERVICES FROM THE LODGE \_\_\_\_\_ AND HONOR GUARD FROM YOUR POLICE DEPARTMENT \_\_\_\_\_ OR FROM THE HAMILTON COUNTY SHERIFF DEPARTMENT \_\_\_\_\_ OR THE HAMILTON COUNTY POLICE ASSOCIATION (HCPA) \_\_\_\_\_. WHO IN YOUR FAMILY SHOULD BE CONTACTED FOR SERVICES \_\_\_\_\_ TELEPHONE \_\_\_\_\_.

I BELIEVE THAT ALL INFORMATION GIVEN HEREIN IS CORRECT AND THAT IF THERE ARE ANY ADDITIONS OR CORRECTS, THAT THE SECRETARY OF THE LODGE WILL BE NOTIFIED IMMEDIATELY. ANY INFORMATION GIVEN ON ANY OTHER BENEFICIARY FORMS HELD BY F.O.P LODGE #113 SHALL BE NULL AND VOID AS OF THE DATE INDICATED AT THE BOTTOM OF THIS PAGE.

MEMBERS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

LODGE SECRETARY SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_