

FORM B

AMENDMENT TO DEATH BENEFIT PLAN APPLICATION

PLEASE PRINT OR TYPE

It will be necessary for me to make the following change(s) to my Death Benefit Plan application. PLEASE COMPLETE THE ENTIRE FORM, but mark the appropriate spaces(s) indicating the change(s) you are specifically noting on this amendment.

_____ Change of Name _____ Change of Beneficiary
_____ Change of Applicant Address _____ Change of Beneficiary Address
_____ Transfer to Another Squad/Organization

FORMER NAME _____

CURRENT NAME _____

SOC SEC # _____ DATE OF BIRTH _____

ADDRESS _____

PLEASE CHECK TYPE OF MEMBERSHIP:

Squad _____ **Assoc Unit** _____ **Sustaining** _____ **Associate** _____ **Individual** _____

SQUAD/ORGANIZATION _____ How long have you been a member? _____

PRIMARY BENEFICIARY _____ RELATION _____

ADDRESS _____

1ST CONTINGENT BENEFICIARY _____ RELATION _____

(Receives benefit if primary beneficiary predeceases applicant)

ADDRESS: _____

2ND CONTINGENT BENEFICIARY _____ RELATION _____

(Receives benefit if primary & 1st contingent predecease applicant)

ADDRESS _____

Signature of Applicant _____ Date