

Washington County Firemens' Association, Inc.

Change of Beneficiary Form

To the **Death Benefit Fund** of the Washington County Firemens' Association, Inc.

I, _____ a member of the association hereby wish to change my beneficiary to the Washington County Firemens' Association Death Benefit. Effective, this date, I wish to change my beneficiary to the individual listed below. The named beneficiary shall be entitled to the death benefit funds as outlined in Article XIII of the By-Laws. I understand that if I am not current on the dues as set forth by the Washington County Firemens' Association Inc., that NO benefit from the fund will be paid. All other beneficiary(s) named before this form are to be considered void.

Beneficiary Name

Relationship

Address

Phone Number

City, State, Zip

Email

Signature of Member

Date

Witness

Date

<i>Administrative Use Only</i>

Date Received _____

Date Updated _____

Secretary, WCFA