

Los Angeles County Firemen's Relief Association

Incorporated under the laws of the State of California

BENEFICIARY AMENDMENT

The LOS ANGELES COUNTY FIREMEN'S RELIEF ASSOCIATION, is hereby authorized and requested to amend the "APPLICATION FOR MEMBERSHIP" of _____, (Print Members Name) as follows:

Please assign a priority number to each beneficiary. The priority number is the order in which beneficiaries are entitled to receive benefits. If beneficiaries are to share benefits, give them the same priority number. The percents of all beneficiaries with the same priority number will share equally.

| Married / 3 children: | | | |
|-----------------------|----------|---------|------|
| Priority No. | | Percent | |
| 1 | Spouse | 100% | |
| 2 | Son | 34% | |
| 2 | Daughter | 33% | 100% |
| 2 | Son | 33% | |

EXAMPLES:

| Single Parent: | | | |
|----------------|----------|---------|------|
| Priority No. | | Percent | |
| 1 | Son | 50% | 100% |
| 1 | Daughter | 50% | |

I hereby notify you that my beneficiaries are to be:

| | | | | |
|----------------|--------------|---------------|-------------|----------------------|
| (Priority No.) | (First Name) | (Middle Int.) | (Last Name) | (Relation to Member) |
| (Priority No.) | (First Name) | (Middle Int.) | (Last Name) | (Relation to Member) |
| (Priority No.) | (First Name) | (Middle Int.) | (Last Name) | (Relation to Member) |
| (Priority No.) | (First Name) | (Middle Int.) | (Last Name) | (Relation to Member) |
| (Priority No.) | (First Name) | (Middle Int.) | (Last Name) | (Relation to Member) |

Witness: _____
(Cannot be beneficiary)

Witness: _____
(Cannot be beneficiary)

Signature of member: _____

Date signed: _____

Employee Number: _____

APPROVED BY: _____ President _____ Vice President

_____ Executive Secretary _____ Date Approved

INSTRUCTIONS:

TOP LINE: Your payroll name, please print

BENEFICIARIES: Please print information.

WITNESS: Need (2) two signatures, witnesses can not be beneficiaries.

SIGN & DATE: Sign form, date and enter your employee number.

MAIL TO: LOS ANGELES COUNTY FIREMEN'S RELIEF ASSOCIATION
P.O. Box 91-1113,
Commerce, Ca. 90091