

LOS ANGELES COUNTY FIREMEN'S RELIEF ASSOCIATION

P.O. BOX 91-1113
COMMERCE, CA. 90091

NOTIFICATION OF DEATH AND APPLICATION FOR BENEFITS

Date: _____

Board of Directors
Los Angeles County Firemen's Relief Association
P.O. Box 91-1113
Commerce, CA. 90091

Gentlemen:

I hereby notify you of the death of member _____
(Name of Member)

On _____
(Date of Death)

Being the _____ and first named beneficiary of the deceased, I hereby
(Relationship to deceased)
make application for Death Benefits in accordance with Section #4506 of Bylaws of the
Los Angeles County Firemen's Relief Association.

(Print Beneficiaries Name)

(Signature)

(Date)

(Mailing Address)

DO NOT WRITE IN THIS SPACE

APPROVED: _____

RETIREMENT ACCOUNT NO: _____

CHECK NO: _____

AMOUNT: \$ _____

DATE PAID: _____
