



PERSONNEL BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary or beneficiaries. Use a separate form when designating

different beneficiaries for each Polic	y.								
		Indicate one o	f the followin	g:					
□ New Insured □ Beneficiary Change/Update □ Name Change From:									
Policyholder:									
Fire Dept.:	_ DCSFA	□ NVFC □ NCAFC □ Other:				:			
(Fire Department Name)									
Complete all of the following information:									
Last Name:		First Name:				MI:			
Date of Birth:	Date of Membership: Social Security Nu (Newly Insured Only)				umber (Las	mber (Last 4):			
I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies provided by my fire department and the NCSFA. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:									
PRIMARY BENEFICIARY DESIGNATION* Mark if additional beneficiaries are listed on a separate paper and attached. (Name, address, phone number and/or email address of beneficiaries)					Relations to Insure	-		Percent (Must equal 100%)	
CONTINGENT BENEFICIARY DESIGNATION** (Name, address, phone number and/or email address of beneficiaries)					Relations to Insure			Percent (Must equal 100%)	
MINOR OR ESTATE AS BENEFICIARY may be necessary to have a guardian or beneficiary and possible delay in the pay	legal represen	tative appointed before	e any death benefit	can be p	oaid. This cou	uld mean legal	expens	Las beneficiary, it es for the	
Insured's Signature:					Date:				

This form should be retained by the fire department with a copy to the insured member.

- * Primary Beneficiary is the person(s) who will receive the insurance proceeds.
- ** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.