BENEFICIARY FORM

Beneficiary Designation

I, _____, as a member of the Wichita Firefighter's Relief Association, do
print
hereby name as beneficiary and designate that the benefits due on my policies carried by the Wichita Firefighter's Relief Association shall be payable as follows.

	Name	Relationship	Share	Phone
1st Beneficiary: (if living)				
2nd Beneficiary: (if living)				
3rd Beneficiary: (if living)				
4th Beneficiary: (if living)				
5th Beneficiary: (if living)				
6th Beneficiary: (if living)				

If other beneficiaries are required, write them on the back of this sheet. Beneficiaries listed that are not eighteen years of age; their benefits will be paid to the member's estate.

Dated at _____ at _____ on ___/___/_____.
Location time date

Signed: _____

Witness: _____

Witness: _____