

WICHITA FIREFIGHTERS RELIEF ASSOCIATION

BENEFICIARY DESIGNATION

(Under the Kansas Uniform Transfers to Minors Act)

I, _____, a member of the Wichita, KS Firefighters Relief Association, do hereby name as beneficiary and designate that the death benefit due on policies carried by the Wichita, KS Firefighters Relief Association insuring me shall be payable as follows:

<u>Name(s)</u>	<u>Relationship</u>	<u>Share of Death Benefit</u>
Primary Beneficiary _____	_____	_____ %
Contingent Beneficiary _____ (Name of custodian)	_____	as custodian for
_____	_____	_____ %
Under the Kansas Uniform Transfers To Minors Act		
_____	_____	as custodian for
(Name of custodian)	_____	_____ %
_____	_____	_____ %
(Name of minor)	_____	_____ %
Under the Kansas Uniform Transfers To Minors Act		
_____	_____	as custodian for
(Name of custodian)	_____	_____ %
_____	_____	_____ %
(Name of minor)	_____	_____ %
Under the Kansas Uniform Transfers To Minors Act		

I hereby nominate the following as substitute custodians, in the order named, if the custodian named above dies before any transfer is made under this instrument or is unable, declines, or is ineligible to serve.

1. _____
2. _____
3. _____

Dated at Wichita, Kansas, this _____ day of _____, 20__.

Signed _____
(Member's Signature Required)

Witness _____

Witness _____