

**BENEFICIARY CHANGE REQUEST
FOR THE
ATLANTIC COUNTY FIREMEN'S ASSOCIATION DEATH BENEFIT FUND**

To the BOARD OF TRUSTEES;

I, _____, hereby request and authorize your body to change the beneficiary named in the DEATH BENEFIT CERTIFICATE NO. _____ from _____ as at present whose relationship to me is _____ to _____ whose relationship to me is _____. This shall be your full warrant for noting such change on the books of the association, and on the certificate.

(Signed) _____ Date: _____

Witness: _____

Witness: _____

12MAY2010

- Fill out application.

- Return to:
Dianna Kreutzer
159 Broad Street
Mays Landing, NJ 08330
Phone: (609) 335-4194
Email: kreutzersathome@juno.com