

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

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.

I am a member of _____ FIRE DEPARTMENT / COMPANY.

MEMBERS ADDRESS: _____

CITY _____, STATE _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

(Signed) _____ Date: _____

Witness: _____

BENEFICIARY ADDRESS:

CITY _____, STATE _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

- Return to:
Atlantic County Firefighters' Death Benefit Fund Association
c/o William Scaplen, Secretary-Treasurer
4929 Pleasant Mills Rd,
Hammonton, NJ 08037

Email: WScaplen4929@gmail.com