DESIGNATION OF BENEFICIARY FORM

Union Vale Fire District Service Award Program

PLEASE PRINT CLEARLY

********** **PARTICIPANT DATA - PLEASE FILL OUT COMPLETELY** **********

_____, __ __ __/__ __/__ __ __ __ , __ __/__ __/__ __ __ __,

Volunteer First Name, MI, Last Name — Social Security Number — Date of Birth

_____ _____

Volunteer Mailing Address — City — State — Zip — Fire Company

********** **PRIMARY BENEFICIARY(IES)** **********

	First, MI, Last Name	Relation	Date of Birth	Soc. Sec. No.	Mailing Address	City	State	Zip
1.								
2.								
3.								

********** **CONTINGENT BENEFICIARY(IES)** **********

	First, MI, Last Name	Relation	Date of Birth	Soc. Sec. No.	Mailing Address	City	State	Zip
1.								
2.								
3.								

********** **SIGNATURE AND WITNESS** **********

I hereby designate my primary beneficiary(ies) to share equally any benefits payable from the above named Service Award Program due upon my death. If all of the primary beneficiary(ies) have predeceased me, I designate the contingent beneficiary(ies) to share equally any benefits due upon my death.

_____, _____ — Volunteer Signature and Date

_____, _____ — Witness Signature and Date

Witness must be a Notary, or an Official of the Fire District or Fire Department

********** **NOTES** **********

Please consult with your ATTORNEY before naming a minor child or your ESTATE as a beneficiary. Naming a minor child or your estate will cause a delay in the payment of any benefits due upon your death. Consider this designation carefully.

All beneficiaries, other than an estate or trust to be created upon your death, must have a social security number.

If you designate more than 3 primary beneficiaries and/or 3 contingent beneficiaries, attach 2 forms together. Be sure to sign both and clearly indicate that your beneficiary designations are continued on a 2nd form (e.g. on 1st form write "page 1of 2" and on 2nd form write "page 2 of 2").