

REQUEST FOR CHANGE OF BENEFICIARY



TO: Executive Director
Alabama Firefighters' Annuity & Benefit Fund
P.O. 71210
Tuscaloosa, Alabama 35407

STATE OF ALABAMA COUNTY of _____

Certificate No. _____, Alabama Firefighters' Annuity and Benefit Fund

issued to _____, Social Security _____ - _____ - _____

I hereby request that the beneficiary to receive the amount payable under the above numbered certificate, upon receipt of due proof of undersigned's death, be changed as follows:

FROM: _____ DOB: __/__/__ (Beneficiary Name) (Social Security Number)

TO: _____ DOB: __/__/__ (Beneficiary Name) (Social Security Number)

(Relationship) (Mailing Address of Beneficiary)

AND: _____ DOB: __/__/__ (other Beneficiary Name) (Social Security Number)

(Relationship) (Mailing Address of Beneficiary)

If said beneficiary is a minor; by laws governing the Fund, you must furnish in writing the name, address, and social security number of a legal guardian (other than yourself) who would act on the minor's behalf.

(Legal Guardian) (Mailing Address) (Social Security No.)

If said named beneficiary is not living at the time of my death, then all benefits under the above numbered Certificate shall be paid to the Executor or Administrator of my Estate.

EFFECTIVE DATE OF CHANGE: This and any subsequent change of beneficiary shall take effect as of the date of signing upon acceptance and recording at the office of the Alabama Firefighters' Annuity & Benefit Fund, at Montgomery, Alabama, subject to any payment made by the Alabama Firefighters' Annuity & Benefit Fund, or action taken by it, before receipt of the change of beneficiary request at this office. The Certificate must accompany the request (if available).

This _____ day of _____, _____.

(Signature of Certificate Holder)

(Mailing Address of Certificate Holder) (City) (State) (Zip Code)

Sworn and subscribed before me on this the _____ day of _____, _____.

Notary Public

