

# Mainland PBA # 77 Beneficiaries for Active Duty Death Benefit

6712 Washington Ave. Suite 104 Egg Harbor Township, NJ 08234 (609) 645-7677

Please fill out this form and print it. Sign the bottom of the form and mail to the above address

Members Name:

Department:

Date:

Persons to be paid at insured's death. Print beneficiary's full legal name, not initials. If more than one beneficiary is named, benefits will be paid equally, if living; if not living, to the survivor(s) unless otherwise requested. For example; To the first beneficiary if living, If not living to the second beneficiary, ect.

NAME	RELATIONSHIP	ADDRESS

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MEMBER'S SIGNATURE