

## 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 member'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 contingent beneficiary (s) unless otherwise requested. YOU ARE RESPONSIBLE TO UPDATE THIS FORM IF THE BENEFICIARIES ARE TO BE CHANGED. FAILURE TO NAME A BENEFICIARY WILL RESULT IN PAYMENT CONSISTENT WITH THE PBA BYLAWS.

**Primary Beneficiary (s)** Any additional names should be written on back.

Name	Relationship	Address	Date of Birth	Social Security No.

**Contingent Beneficiary (s)** Any additional names should be written on back.

Name	Relationship	Address	Date of Birth	Social Security No.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date