

**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:  
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