

**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.

(Signed) _____ Date: _____

Witness: _____

Witness: _____

25JAN2013

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- Fill out application.
 - Return to:
Jaime C. Mellon
806 E. Lexington Ct.
Galloway, NJ 08205-3031
Phone: (home) 609-748-4871 or (cell) 609-271-7734
Email: jaime.mellon@oceanvillevfc.org