

**NEW HANOVER COUNTY FIREFIGHTERS ASSOCIATION
BENEVOLENT BROTHERHOOD
CHANGE OF BENEFICIARY**

(Please print or type)

Name _____

Street _____

City _____ State _____ Zip code _____

Date of Birth _____

Member of _____ Fire Department

Number of years as a Member _____

Email address for notifications _____

Beneficiary _____ Relationship _____

Address of Beneficiary:

Street _____

City _____ State _____ Zip code _____

I Understand that I am changing my Beneficiary to the person listed as Beneficiary on this document. It must be signed and dated by The Member making the change and will not become effective until signed and dated by the Association.

Date _____

(Signature of Member)

Date Beneficiary Change Accepted ____/____/____

(Association Signature)