

# DeKalb Fraternal Order of Police

## Member Beneficiary Information

Member Name [Last, First, Middle Initial] \_\_\_\_\_

Member Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Member Social Security Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Name of Beneficiary #1	Relationship	Beneficiary SSN	Amount or percentage of total benefit to Beneficiary #1
Complete Address (or contact information) of Beneficiary #1		DOB	

Name of Beneficiary #2	Relationship	Beneficiary SSN	Amount or percentage of total benefit to Beneficiary #2
Complete Address (or contact information) of Beneficiary #2		DOB	

Name of Beneficiary #3	Relationship	Beneficiary SSN	Amount or percentage of total benefit to Beneficiary #3
Complete Address (or contact information) of Beneficiary #3		DOB	

Notes or Special Disbursement Instructions:

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Complete the beneficiary information above. This will constitute your chosen beneficiary/beneficiaries for any Lodge or other FOP member benefits. If you wish a different dispersion of your benefits, please clearly state them on the notes section above.

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Member Signature

\_\_\_\_\_  
Date