

N.C. State Firemen's Association

323 West Jones Street, Suite 401
Raleigh, NC 27603
1-800-253-4733

SECTION I. BENEFICIARY STATEMENT

Name of Deceased Member _____ Date of Death _____ Age _____

Name of Fire Department _____

Certificate Number (Attach Ins. Cert.) _____ Amount of Insurance \$ _____ Effective Date of Insurance _____ Date Premium Paid To _____

Name of Beneficiary _____ Date of Birth _____ Relation to Deceased _____

Address of Beneficiary _____

I hereby certify that the above named deceased person was insured under the above policy and the certificate was in force with premium paid as of the date of death (and any attached statements or answers made by me) are complete true and correctly recorded; and I agree to furnish all information, records or other documents requested by the Firemen's Fraternal Insurance Fund as may be applicable to this claim.

Date _____ Beneficiary's Signature _____

Note: Section II is to be completed only in the event the Beneficiary named on the above Certificate is deceased or has been legally changed by the Insured.

SECTION II. ADMINISTRATOR'S STATEMENT

Name of Beneficiary _____ Date of Birth _____ Relation to Deceased _____

Address of Beneficiary _____

I hereby certify that the person named in Section II above is the legal beneficiary of the deceased person insured under the above certificate, as of the date of death.

Date _____ Signature of Administrator _____