

THE FIREMEN'S FRATERNAL INSURANCE FUND • REQUEST FOR CHANGE

Fire Department: _____

CERTIFICATE # _____ POLICY HOLDER _____

UNDER THE TERMS OF THE POLICY(IES) I HEREBY REQUEST **THE FIREMEN'S FRATERNAL INSURANCE FUND** TO:

CHANGE BENEFICIARY

FULL NAME OF PROPOSED BENEFICIARY	RELATIONSHIP	AGE
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_____	_____	_____
_____	_____	_____
_____	_____	_____

The right is reserved to change the beneficiary hereby designated, without the consent of said beneficiary. If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survives the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made in accordance with the terms of the above Policy(ies).

DATED _____ 20 _____

INSURED'S SIGNATURE