

West Virginia State Firemen's Association, Inc.

Change of Beneficiary



I, _____ hereby direct the Executive Officers of the West Virginia State Firemen's Association, Inc., to void and abrogate the former beneficiary under my Individual Benefit Membership in the Association; and, I hereby name, instead,

(Full name of new beneficiary)

my _____, effective on and after _____
(Relationship) (State Date)

Given under my hand this the _____ day of _____, 19____.

Witnesses:

(Signature of Benefit Member)

Member of _____

Company or Department, of _____

(The signature of the Benefit Member must be witnessed by two persons, one of them preferable being the Secretary of the Company or Dept.)

(Town, City or Place)

PLEASE PRINT OR TYPE ALL INFORMATION ON THE ABOVE FORM