

**New Jersey and New York
Volunteer Firemen's Association**



DEATH BENEFIT BENEFICIARY FORM

A death benefit fund having been established for the purpose of providing immediate financial assistance following the death of a personal or life member of this association to the named beneficiary. Should the designated beneficiaries pre-decease the eligible member, then no death benefit shall be paid.

All Life Members and Personal Members in good standing (Dues Paid) for a minimum of five (5) years shall be eligible provided said Personal Member is a member of the NJNYVFA at the time of their death.

Each eligible person shall be responsible to file a DEATH BENEFIT BENEFICIARY FORM with the Financial Secretary of the Association. If no beneficiary form is on file, then no benefit shall be paid.

PLEASE PRINT: COMPLETE FORM BELOW AND RETURN TO THE FINANCIAL SECRETARY: JOHN SCHWEDHELM, 5 CARLSON STREET, LITTLE FERRY, NJ 07643 OR EMAIL TO: lffd11@aol.com

PRINT CLEARLY)

MEMBERS NAME _____ **DOB** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

CELL PHONE (_____) _____ **EMAIL ADDRESS** _____

PRIMARY BENEFICIARY _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

CELL PHONE (_____) _____ **EMAIL ADDRESS** _____

CONTINGENT BENEFICIARY _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

CELL PHONE (_____) _____ **EMAIL ADDRESS** _____

Signature _____ **Date** _____

**ORIGINAL COPY TO: NJ/NY FINANCIAL SECRETARY
KEEP A COPY FOR YOUR RECORDS
YOU WILL BE EMAILED BACK UPON RECEIPT OF DOCUMENT**

PLEASE NOTIFY FINANCIAL SECRETARY OF CHANGE OF ADDRESS OR BENEFICIARY.