

Oklahoma City Retired Firefighters Association
P.O. Box 618 – Oklahoma City, OK – 73101-0618
405-632-9812 E-Mail: dbowman@flash.net

AUTHORIZATION FOR CHANGE OF BENEFICIARY

MEMBER: _____ SSN: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ACTIVE ___ RETIRED ___ DATE OF EMPLOYMENT: _____

***** I would like my beneficiaries of the Fire Mutual Aid to be:**

Primary Beneficiary _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Contingent Beneficiary _____ Relationship _____

Contingent Beneficiary _____ Relationship _____

Contingent Beneficiary _____ Relationship _____

IF PRIMARY BENEFICIARY IS DECEASED EXPLAIN HOW BENEFITS ARE TO BE DISTRIBUTED:

Signature: _____ Date: _____

(Must be signed, dated, and Notorized)

My commission expires _____

Notary Public