



BENEFICIARY FORM

To: Administrator of the Jacksonville Firefighters Death Benefit Fund, Inc.
Marquitta Johnson
1036 Dunn Avenue, Ste 4304
Jacksonville, FL 32218
904-800-9777

I hereby designate the below listed person(s) as my primary beneficiary and/or 1st and 2nd contingent beneficiaries effective ___/___/____. These appointments shall remain in effect until a signed written notification is received by the Fund Administrator. Any and all previous beneficiary appointments are hereby rescinded.

MEMBER INFORMATION

Name: _____ Birth Date: ___/___/____ Employment Date: ___/___/____
Address: _____ City/State: _____ Zip: _____
Social Security #: ___/___/____ Phone: (____)-(____)-(____) Email: _____

BENEFICIARY INFORMATION

PRIMARY

Name: _____ Relationship: _____
Address: _____ City/State: _____ Zip: _____
Phone: (____)-(____)-(____) Email: _____

1st CONTINGENT (Secondary to the Primary and paid only if the Primary is deceased or otherwise noted in Special Instructions)

Name: _____ Relationship: _____
Address: _____ City/State: _____ Zip: _____
Phone: (____)-(____)-(____) Email: _____

2nd CONTINGENT (Secondary to the 1st Contingent and paid only if the Primary & 1st Contingent is deceased or otherwise noted in Special Instructions)

Name: _____ Relationship: _____
Address: _____ City/State: _____ Zip: _____
Phone: (____)-(____)-(____) Email: _____

SPECIAL INSTRUCTIONS regarding benefit payment: _____

PLEASE KEEP YOUR ADDRESS AND BENEFICIARY INFORMATION CURRENT

Go to jfdbf.org, print/complete beneficiary form & mail to Fund Administrator

Member Signature: _____ Date: ___/___/____