**DeKalb Fraternal Order of Police**

**Member Beneficiary Information**

Member Name [Last, First, Middle Initial] Member Date of Birth

Street Address Member Social Security Number

City, State, Zip Home Phone

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Beneficiary #1 | Relationship | Beneficiary SSN | Amount or percentage of total benefit to Beneficiary #1 |
| Complete Address (or contact information) of Beneficiary #1 | DOB |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Beneficiary #2 | Relationship | Beneficiary SSN | Amount or percentage of total benefit to Beneficiary #2 |
| Complete Address (or contact information) of Beneficiary #2 | DOB |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Beneficiary #3 | Relationship | Beneficiary SSN | Amount or percentage of total benefit to Beneficiary #3 |
| Complete Address (or contact information) of Beneficiary #3 | DOB |

Notes or Special Disbursement Instructions:

Complete the beneficiary information above. This will constitute your chosen beneficiary/beneficiaries for any Lodge or other FOP member benefits. If you wish a different dispersion of your benefits, please clearly state them on the notes section above.

Member Signature

Date

 1/20