

VOLUNTEER FIREFIGHTER'S BENEFIT ASSOCIATION OF MINNESOTA

CHANGE IN BENEFICIARY

I hereby direct that a change of this certificate no. _____ be made and all benefits there under shall be paid after my death to _____ bearing relationship to me of _____ WHO IS THE PRIMARY BENEFICIARY with Contingent Beneficiaries and Percentages listed below.

"If applicable"

| | |
|---|---------|
| _____ bearing relationship to me of _____ | _____ % |
| _____ bearing relationship to me of _____ | _____ % |
| _____ bearing relationship to me of _____ | _____ % |

DATED at _____, Minnesota _____ 20 _____
(Department City Name) (Month, Day) (Two digit year)

Firefighter's Signature: _____

Firefighter's Name (print): _____

(Office use only)

Approved and Recorded at the Office of the Secretary of VFBA of Minnesota

Dated: _____

Secretary's Signature: _____

**Volunteer Firefighter's Benefit
Association of Minnesota
Certificate # _____**

Issued to

of

Mail to: Bruce Boynton
VFBA of MN
P.O. Box 71
Lewiston, MN
55952

Revised April 2010

KEEP THIS FORM ATTACHED TO ORIGINAL CERTIFICATE