

BENEFICIARY DESIGNATION

I, _____ a member of the Kansas City, Kansas Firefighter's Relief Association, do hereby name as beneficiary and designate that the death proceeds received by the Kansas City, Kansas Firefighter's Relief Association shall be payable as follows:

	NAME (S)	RELATIONSHIP	% OF BENEFIT
PRIMARY BENEFICIARY	_____		

SECONDARY BENEFICIARY	_____		

SPECIAL REQUESTS	_____		

I reserve the right to change beneficiaries by having another BENEFICIARY DESIGNATION form properly completed and witnessed.

Printed name: _____

Signature: _____

Date: ____/____/____

Witness #1 Printed Name: _____

Witness #1 Signature: _____

Date: ____/____/____

Witness #2 Printed Name: _____

Witness #2 Signature: _____

Date: ____/____/____