

CHANGE OF BENEFICIARY FORM

***** PLEASE PRINT LEGIBLY *****

MEMBER'S NAME					
LAST 4 OF SSN		ACCOUNT #		JSO ID#	

TO THE MEMBERS OF THE JACKSONVILLE POLICE DEATH BENEFIT FUND, INCORPORATED, IN THE EVENT OF MY DEATH, I DO HEARBY DESIGNATE, WITH SUBMISSION OF THIS FORM THE FOLLOWING PERSON AS THE RIGHTFUL RECIPIENT TO THE FINANCIAL BENEFITS WHICH COME FROM MY MEMBERSHIP IN THIS FUND.

ALL PRIOR BENEFICIARY DESIGNATIONS ARE HEREBY REVOKED AND THE FOLLOWING PERSON IS DESIGNATED AS THE PRIMARY BENEFICIARY. IN THE EVENT THAT THE PRIMARY BENEFICIARY PRECEDES MY DEATH, THE CONTINGENT BENEFICIARY SHALL BE THE RIGHTFUL RECIPIENT.

The below listed person is my PRIMARY BENEFICIARY

FULL NAME					
CURRENT ADDRESS					
RELATIONSHIP		PHONE NUMBER			

The below listed person is my CONTINGENT BENEFICIARY

FULL NAME					
CURRENT ADDRESS					
RELATIONSHIP		PHONE NUMBER			

MEMBER SIGNATURE		DATE	
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<p>MAIL TO THE FUND ADMINISTRATOR:</p> <p style="text-align: center;">DAVID NUSSBAUM III 6919 LA MESA DRIVE WEST JACKSONVILLE, FL 32217</p> <p>PHONE: 904-509-1305</p>	<p>NOTARY STAMP, SIGNATURE AND DATE</p>
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JACKSONVILLE POLICE
DEATH BENEFIT FUND
 ESTABLISHED 1924