

JACKSONVILLE POLICE DEATH BENEFIT FUND

MEMBERSHIP APPLICATION FORM

PLEASE PRINT LEGIBLY		
Full Name (First, Middle, Last, Suffix)		
Employee ID #	Last 4 SSN	Fund Acct. # (Assigned & Mailed to You)
JSO Employment Date	Date of Birth	
Current Address		
City	State	Zip Code
Phone Number	Email Address	
THE BELOW LISTED PERSON IS MY PRIMARY BENEFICIARY		
Full Name		Relationship
Current Address		
THE BELOW LISTED PERSON IS MY SECONDARY BENEFICIARY		
Full Name		Relationship
Current Address		
<p>Completion of this application and payroll authorization card along with a review of same by Fund Administrator initiates your membership into the Fund. Keep a copy of this application. It is your certificate of membership. It is especially important you keep fund administrator advised of any change in either beneficiary or address. Forms for that purpose are available either through fun administrator or web at www.jpdbf.org. See the Forms Page.</p>		
Member Signature		
FUND ADMINISTRATOR David Nussbaum III - Treasurer E-mail: David.Nussbaum75@gmail.com Phone: 904-509-1305 Address: 6919 La Mesa Dr. W. Jacksonville, FL 32217-2646	Notary Stamp, Signature and Date	

SERVING FAMILIES OF THE JACKSONVILLE SHERIFF'S OFFICE SINCE 1924

This is your certificate of membership.
Keep in a secure place. Applications must be accompanied by a Payroll Authoriztion Card.

WHITE ORIGINAL TO TREASURER / YELLOW COPY TO NEW MEMBER



JACKSONVILLE POLICE
DEATH BENEFIT FUND
 ESTABLISHED 1924