

Beneficiary Designation Form

To be maintained with the firefighter's departmental records

PLAN NAME: Ohio State Firefighters Association Line of Duty Death Benefit Plan

Firefighters Name : _____ SS#: _____

I hereby acknowledge that, in accordance with the right granted to me under the Plan to designate and re designate the beneficiary to receive my Plan benefit in the event of my death, I hereby designate the following beneficiary to receive such benefit in the order of priority as indicated:

Primary Beneficiary - If you are legally married, you must name your spouse as the sole Primary Beneficiary, unless your spouse completes the Spousal Consent To Waiver As Primary Beneficiary Form.

Full name: _____

Date of Birth: ____/____/____

Mailing address: _____

City/State/Zip code: _____

Relationship to employee: _____

Secondary Beneficiary - In the event the Primary Beneficiary is not living, my beneficiary shall be:

Full name: _____

Date of Birth: ____/____/____

Mailing address: _____

City/State/Zip code: _____

Relationship to me: _____

This beneficiary designation form revokes any prior beneficiary designation made by me. Because this form may be invalidated due to a change in my marital status, I understand that I should complete a new Beneficiary Designation Form in the event of such change.

_____/____/____
Firefighters Signature _____ Date

_____/____/____
Fire Chief's Signature _____ Date