

Fire Relief Association (Relief Association)
Designation of Beneficiary¹

Member's Name: _____

Member's Social Security Number: _____

Address: _____

Spouse's Name: _____

Spouse's Date of Birth: _____

Instructions

This Designation of Beneficiary Form is effective upon receipt by the Relief Association and supersedes all prior designations. In designating beneficiaries, use full, proper names. If a trust is named as a beneficiary, include its name, the date the trust was established and its address. This Designation of Beneficiary is subject to the Laws of Minnesota.

Primary Beneficiary

I hereby designate the following as my Primary Beneficiary(ies):

Name	Relationship	SSN	Date of Birth	Percentage

Must equal 100%²

Contingent Beneficiary

In the event there is no primary beneficiary(ies) at my death, I hereby designate the following as contingent beneficiary(ies):

Name	Relationship	SSN	Date of Birth	Percentage

Must equal 100%

¹ Payment will be made to a beneficiary only if there is no surviving spouse and no surviving children, or the surviving spouse waives rights to payment and there are no surviving children.

² When more than one beneficiary is designated and no percentage is specified, payment to each surviving beneficiary will automatically be made in equal shares, or 100 percent to the last surviving beneficiary.

I have completed, understand and agree to all (2) pages of this Designation of Beneficiary Form. I hereby revoke all prior designations (if any) of primary and contingent beneficiaries.

Member's Signature

Date

Current Marital Status

The member and the spouse should both sign this form when designating someone other than the spouse as a primary beneficiary. Failure to obtain the spouse's witnessed signature may result in the automatic designation of the spouse as beneficiary.

Check one:

_____ I **am not** married. I understand that if I become married in the future, this form may automatically cease to apply and I should file a new Designation of Beneficiary.

_____ I **am** married. If my spouse is not the only Primary Beneficiary, my spouse has signed the consent on the bottom of this form. I understand that, if my marital status changes, this Designation may remain in effect until I file a new Designation.

Member Signature

Date

GOVERNMENT DATA PRACTICES NOTICE: The data you supply on this form will be used by the Relief Association to process your benefit application. You are not legally required to provide this data, but if you do not provide it, the Relief Association may not be able to properly process your benefit application.

Consent by Spouse

I certify that I am the spouse of the member named at the beginning of this form. I have read the form as completed and signed by my spouse. I hereby consent to the Designation of Beneficiary. I acknowledge that, to the extent anyone other than me is designated as a Primary Beneficiary, I am waiving any rights that I may otherwise have to receive benefits from the Relief Association after my spouse's death.

Spouse's Signature

Date

Subscribed before me on this _____ day of _____, 20__

County of: _____

State of: _____

Notary Public's Signature: _____