

DESIGNATION OF BENEFICIARY OF LIFE INSURANCE BENEFITS

This form is applicable to ALL members of the fund.

TO THE BOARD OF TRUSTEES OF THE
NEW YORK FIRE DEPARTMENT LIFE INSURANCE FUND:

In accordance with Title 13 of the administrative Code of the City of New York, I submit this nomination of beneficiary(ies). Should I survive the following beneficiary(ies), the benefits shall be paid to my estate. This designation revokes any designation Previously filed with the Board of Trustees.

PRINCIPAL BENEFICIARY(IES)

NAME	RELATIONSHIP	ADDRESS

ALTERNATE BENEFICIARY(IES)

NAME	RELATIONSHIP	ADDRESS

If designating two beneficiaries = to share equally or survivor to take all; if three or more = to share equally or survivors to share equally.

have hereunto affixed my signature this _____ day of _____, 20

Name (Print) _____ Signature _____

Soc. Sec. No. _____ Tax Registry No. _____ Rank _____

Date of Appointment _____ Unit _____

FORWARD THIS FORM TO : Headquarters, 9 MetroTech Center, Rm. 6W-04 Brooklyn, N.Y. 11201- 3857

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20 _____, personally appeared before me the said _____

_____ to me known to be the individual described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same.