

MEMBER # \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_



## Sheriffs' Relief Association OF LOS ANGELES COUNTY, CALIFORNIA, INC.

S.T.A.R.S Center, 11515 Colima Road, Bldg. B \* Whittier, CA 90604 (562) 946-7081

### *Application for Change of Beneficiary*

Name of Member \_\_\_\_\_ Date: \_\_\_\_\_

I wish to change (amend) the name, or names, of the person, or persons, heretofore shown as my beneficiary, to receive any and all death benefits which may accrue by reason of my membership in the Sheriffs' Relief Association of Los Angeles County, California, Inc.

I hereby designate and appoint as my adult beneficiary: \_\_\_\_\_ % Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby designate and appoint as my adult beneficiary: \_\_\_\_\_ % Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

It is understood and agreed by me that the provisions of the By-Laws of this Association, as the same now exist, or may be heretofore modified, amended or enacted, shall be binding upon me.

This supersedes any previous designation of beneficiary.