

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.

Rev 7/23/19

Signature of Member

PLEASE MAIL TO: SHERIFFS' RELIEF ASSOCIATION
11515 COLIMA ROAD, BLDG. B
WHITTIER, CA 90604

DO NOT EMAIL BACK. NO EMAIL APPLICATIONS WILL BE ACCEPTED.