

**NEW HANOVER COUNTY FIREFIGHTERS ASSOCIATION  
BENEVOLENT BROTHERHOOD  
CHANGE OF BENEFICIARY**

(Please print or type)

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Member of \_\_\_\_\_ Fire Department

Number of years as a Member \_\_\_\_\_

Email address for notifications \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Beneficiary:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

I Understand that I am changing my Beneficiary to the person listed as Beneficiary on this document. It must be signed and dated by The Member making the change and will not become effective until signed and dated by the Association.

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Member)

Date Beneficiary Change Accepted \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Association Signature)