



**Memphis Fire Fighters Association
IAFF Local 1784
Life Insurance Beneficiary Form**

Name: _____ Employee ID #: _____

Address: _____

Email Address (personal, not city): _____

Cell Phone: _____ Last 4 digits of SSN: _____

Date of Birth: _____ FD Work Assignment (or Retired): _____

The sum of all primary beneficiaries must total 100% and the sum of any/all contingent beneficiaries must total 100% (e.g. allocation of three primary beneficiaries could be 34%, 33%, 33%).

PRIMARY BENEFICIARY DESIGNATION

Name (Last, First)	Phone Number	Relationship	Date of Birth	Share %

Applies To: _____ Group Life _____ Voluntary Life _____ Both Group Life & Voluntary Life

CONTINGENT BENEFICIARY DESIGNATION

Name (Last, First)	Phone Number	Relationship	Date of Birth	Share %

Applies To: _____ Group Life _____ Voluntary Life _____ Both Group Life & Voluntary Life

Signature: _____ Date: _____