



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

Name: _____ Employee ID #: _____

Complete Address: _____

Personal Email Address: _____

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% or 25%, 25%, 25%, 25%)

PRIMARY BENEFICIARY DESIGNATION

Name	Phone Number	Relationship	Date of Birth	Share (%)

CONTINGENT BENEFICIARY DESIGNATION

Name	Phone Number	Relationship	Date of Birth	Share (%)

Signature: _____ Date: _____

OFFICE USE ONLY: Received By: _____ Date: _____ In Person____ Fax____ Email____ Mail____
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