

WETHERSFIELD VOLUNTEER FIREFIGHTERS' ASSOCIATION

Designation of Beneficiary

Beneficiary Information & Designation

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|---------------|
| Printed name: |
| Address: |
| Relationship: |

WVFA member's Information

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|--------------------|
| Printed name: |
| Address: |
| Date of Birth: |
| Social Security #: |
| Signature: |
| Date: |

Information of Witness to signature

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|--------------------------|
| Printed name of witness: |
| Signature of witness: |
| Date: |

Please note that all information requested above, must be provided to insure compliance with your intentions.