

BALTIMORE RETIRED POLICE BENEVOLENT ASSOCIATION
P. O. Box 6217
Baltimore, MD 21206

BENEFICIARY FORM

Please type or print clearly all information below.

TODAY'S DATE

I, _____ upon my death, desire all benefits entitled to me as a member of Baltimore Retired Police Benevolent Association, Inc., be paid to:

BENEFICIARY'S NAME Relationship _____

Beneficiary Information:

Home Address: _____

City: _____ ST _____ ZIP: _____

Telephone: _____

Contingency Beneficiary ('s) Name/Relationship/Address:

Member Information:

Date of Birth: _____ Date of Retirement: _____

Social Security # _____

Witness: _____ Date: _____

Witness: _____ Date: _____

Member's Signature: _____ Date: _____