

APPLE VALLEY FIREFIGHTERS RELIEF ASSOCIATION

7100 147th Street West
Apple Valley, MN 55124



Change of Beneficiary Form

Instructions: Please type or print the necessary information, read the authorization and release, sign, date, and return the application to any member of the Board of Trustees.

Member Information

Name: _____

Address: _____
city state zip

Phone #: _____ Email: _____

Date of Birth: _____ Marital Status: _____

Beneficiary

Upon my death, my interest in the Plan shall be paid first to my surviving spouse, defined in MN Stat. 424A.001, Sub. 6, if my spouse survives me and then to my surviving children, if any. If I have no surviving spouse or surviving children, I designate the following person(s)* as my beneficiary.

| <u>Name:</u> | <u>Relationship</u> | <u>Date of Birth</u> | <u>%</u> |
|--------------|---------------------|----------------------|----------|
| 1 _____ | | | |
| 2 _____ | | | |
| 3 _____ | | | |
| 4 _____ | | | |

Total must equal 100%

* If no beneficiary or beneficiaries are named, the interest in the Plan will go to my estate (MN Stat. 424A.05, sub. 3).

Authorization and Release

- I hereby authorize the entities and persons listed above to release to the **Apple Valley Firefighters Relief Association** and any agent working on its behalf data classified as private. The data which I authorize to be released consists of private data, as defined by Minnesota Statute Ch. 13.02, subd. 12, and has been or will be collected by the **Apple Valley Firefighters Relief Association** and/or its agents and/or representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which is any way related to membership. This authorization shall be valid indefinitely, but I reserve the right to cancel this authorization by providing written notice to the Secretary of the *Association*.
- I reserve the power to change, modify or revoke this beneficiary designation by completing the Change of Beneficiary form at any time before my death.
- I hereby affirm that I will honestly and faithfully abide by, and uphold the *By-laws* of this *Association*. I hereby declare that any statements herein contained are true and complete to the best of my knowledge and belief.
- Based on the information herein, I hereby apply for membership in the **Apple Valley Firefighters Relief Association**, pursuant to the *By-laws* of said *Association*.

Signed _____
Applicant's Signature

Date _____

ACTION TAKEN BY BOARD OF TRUSTEES: Approved: _____ Denied: _____ Date: _____

ATTEST: _____ and _____