



Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756
Phone: 770-388-5757 or 1-866-374-0788

email forms to
cindy@gfpf.org

Web Site: www.gfpf.org

6YbYZ]WUfm:8Yg][bUH]cb

Member No: _____ or Social Security No: _____

Last Name: _____ First: _____ Middle: _____

PRIMARY BENEFICIARY	<p>To be completed for all retirement options and cannot be the member</p> <p><i>(Please Print)</i> Last Name: _____ First: _____ Middle: _____</p> <p>Home Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Social Security No: _____ Date of Birth: ____/____/____ <i>(Check One)</i> Gender: Male Female</p> <p>Relationship: _____ Phone: _____ email: _____</p>
SECONDARY BENEFICIARY	<p>The Secondary & Tertiary beneficiaries are to be completed by those members choosing the 10 year Certain & Life Retirement Option</p> <p><i>(Please Print)</i> Last Name: _____ First: _____ Middle: _____</p> <p>Home Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Social Security No: _____ Date of Birth: ____/____/____ <i>(Check One)</i> Gender: Male Female</p> <p>Relationship: _____ Phone: _____ email: _____</p>
TERTIARY BENEFICIARY	<p><i>(Please Print)</i> Last Name: _____ First: _____ Middle: _____</p> <p>Home Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Social Security No: _____ Date of Birth: ____/____/____ <i>(Check One)</i> Gender: Male Female</p> <p>Relationship: _____ Phone: _____ email: _____</p>

I hereby designate the above-named person(s) as beneficiary(ies) to receive benefits available under the conditions set forth in the Georgia Firefighters' Pension Fund laws and regulations.

I further elect to hereby revoke all previously named beneficiaries filed by me with the Georgia Firefighters' Pension Fund.

Signature of Applicant

Print Name qh'Cr r rdecyv'

Date

Sworn to and subscribed before me

this ____ day of _____, _____.

Signature of Notary Public & Seal

My Commission Expires On