

VOLUNTEER FIRE ACCOUNT INFORMATION

Changes on this form will only affect the Volunteer Firemen's Account.

Name (as it appears on our records) _____
(Last Name) (First Name) (Middle Initial)

Social Security Number _____ Retirement Number _____

CHANGE OF NAME AND/OR ADDRESS

New Name _____
(Last Name) (First Name) (Middle Initial)

New Address _____
(Mailing Address) (City) (State) (Zip)

CHANGE OF BENEFICIARY

Under the Volunteer Firemen's Pension Fund, the spouse is the primary beneficiary and will receive a set monthly benefit at the time of the member's death. If the member and the member's spouse should die, any children under the age of twenty-one (21) years of age would receive the child's set monthly benefit. If the member were to die without a spouse or children that had attained the age of twenty-one (21), then the full lump-sum benefit is paid to the member's estate.

Spouse

Name _____ SSN _____ DOB _____

Children under age 21

Name _____ SSN _____ Relationship _____ DOB _____

Name _____ SSN _____ Relationship _____ DOB _____

Name _____ SSN _____ Relationship _____ DOB _____

Name _____ SSN _____ Relationship _____ DOB _____

Additional children may be listed on a separate, signed attachment.

If no spouse or children under age 21, please pay a lump sum benefit to my estate.

Member's Signature X _____ Date _____

Spouse's Signature X _____ Date _____

WRS Office Use Only

Entered: _____

Verified: _____