

**ROCKFORD POLICE RELIEF ASSOCIATION
DESIGNATION OF BENEFICIARY**

Print Name (First Middle Last): _____

Date of Birth: _____

SSN: _____

Article VIII, Section 2

DEATH BENEFIT: *Upon proof of the death of any member in good standing in the Association, the total sum of three thousand (\$3,000.00) dollars shall be paid to his or her designated beneficiaries by the Rockford Police Relief Association. A form provided by the Association must be on file with the Association at the time of death of member naming said beneficiary. In the event the member provides no designated beneficiary card, benefits shall be paid to surviving spouse, but if no spouse survives the member, then the member children share and share alike, but if the member leaves no spouse or children, then the member's surviving parent or parents share equally and should no spouse, child or parent survive the member, then in that case the death benefit under this section shall consist solely of the payment of members funeral expenses, but in an amount not to exceed three thousand (\$3,000.00) dollars.*

Complete Name & Address of each Beneficiary	Relationship, if any	Cash Amount or Percentage shares

Signature: _____ Date: _____

PLEASE SUBMIT COMPLETED FORM TO POLICERELIEF1906@GMAIL.COM