

The Exempt Firemen's Benevolent Fund Association Village of Elmsford, N.Y.

Change Form

Entries on this form will become your most recent – unless left blank in which case your previous information will be considered your most recent.

Member: _____ Date: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Birth: _____ SSN: _____

Beneficiary: _____ Relationship: _____

Beneficiary address: _____

City: _____ State: _____ Zip Code: _____

Immediate Family household members (Please list immediate family members living with you of which you may submit claims. We will only entertain claims for names listed below)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I (member signature) _____ on this date _____ hereby avow the information provided is accurate and complies with Benevolent rules.

* I (spouse signature) _____ on this date _____ hereby agree my husband/wife is changing their beneficiary.

Notary Public

On this day _____ of _____ before me came _____ to me know to be the individual in and who executed the forgoing instrument and acknowledge that he/she executed the same.

* When changing from your legally married spouse to another beneficiary we require this change notice be signed by both the member and his/her spouse and notarized.

Benevolent Office Use Only

Records updated Yes Date: _____ BOD Member: _____

More information needed Yes Board member(s): _____