



Georgia Firefighters' Pension Fund

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Change of Beneficiary

This form is to be used to notify the Fund Office of a change in your beneficiary prior to retirement.

Member Info	<i>(Please Print)</i>
	Member No: _____ or Social Security No: _____
	Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Email: _____
Phone(H): _____ Phone(W): _____ Phone(C): _____	
Beneficiary Info	Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Phone(H): _____ Phone(W): _____ Phone(C): _____
	Social Security No: _____ Date of Birth: ____/____/____ Gender: Male Female
	Relationship: _____ Email: _____

I hereby designate the above individual as my Named Beneficiary who shall receive any benefits as prescribed by law in the event of my death.

I hereby revoke any and all previously named individuals as my Named Beneficiary.

I further elect to revoke all optional benefits previously selected and filed by me under the Georgia Firefighters' Pension Fund's Election of Optional Benefits document(s).

I hereby request the Georgia Firefighters' Pension Fund to take the action set forth in this form.

Signature of Member

Date

Sworn to and subscribed before me
this _____ day of _____, _____.

Signature of Notary Public & Seal

My Commission Expires On

Must Submit Original Forms, Fax Copies Not Accepted