MONTAUK FIRE DISTRICT SERVICE AWARD PROGRAM

BENEFICIARY DESIGNATION FORM

By completing this form, you designate who is to receive any death benefit that may be payable under the provisions of the above named service award program. Completing this form does not guarantee that a benefit will be paid upon your death. It is important that you provide all the requested information in the event that we have to attempt to locate your beneficiary. If all of your beneficiaries listed below are deceased, the death benefit will be paid to your estate.

Please consult with an attorney before naming a minor child or your estate as a beneficiary; typically death benefits can not be paid directly to a minor. To name more than 3 primary or contingent beneficiaries, please complete two forms and indicate "page 1 of 2" on the first form and "page 2 of 2" on the second form.

							/	
Volunteer First Name, MI, Last Name			Social Security Number			Date of Bi	Date of Birth	
Volunteer Mailing Address	City		State Zip		Fire Company			
********	******	********* PRIM	ARY BEN	NEFICIA	RIES *********	******	******	
Please list the person or vill equally share the dea veneficiaries are decease veneficiaries are decease veneficiaries are decease veneficiaries	ith benefit, pro ed, the remain	vided they are ling primary be	alive as o	of your da s will equ	ate of death. If on ally split the deat	e or more of you h benefit. If all of	r primary your primary	
First, MI, Last Name	Relation	Date of Birth	Soc. S	Sec. No.	Mailing Address	City	State Z	
•		,			_,			
		,			_•			
		,						
*********						******	******	
all of your primary bene ontingent beneficiaries a	ficiaries are d	eceased, the b	enefit will	I then be	paid to those you	list here. If one	or more of yo	
First, MI, Last Name	Relation	Date of Birth	Soc. S	Sec. No.	Mailing Address	City	State Z	
·		,			_,			
·		,			_,			
·		,			_,			
				ID WITE	IESS ********			

Witness Signature and Date

Volunteer Signature and Date