



# Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756

Phone: (770) 388-5757 Fax: (678) 413-4227

eMail: [retirement@gfpf.org](mailto:retirement@gfpf.org)

Web Site: <http://www.gfpf.org>

## Change of Beneficiary

OFFICE USE ONLY

**MEMBER INFO:** {please print}

Member ID No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

eMail \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
month day year

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

**BENEFICIARY INFO:** {please print}

Social Security No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
month day year

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Print Name of Member

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public & Seal

\_\_\_\_\_  
My Commission Expires On