

BENEFICIARY CHANGE FORM



Check applicables box(es)

- Basic Life and AD&D Insurance
- Optional Life and AD&D Insurance (if elected)
- Optional Off-Duty LTD Insurance (If elected)



Note: This Beneficiary Designation cancels any prior beneficiary designation(s) and shall be effective on the date received by LAPRA.

Policyholder LOS ANGELES POLICE RELIEF ASSOCIATION, INC.	Policy Number 302292
Member's Name (Last, First, MI)	Social Security Number

The Beneficiary(ies) for the policy shall be:

PRIMARY BENEFICIARY(IES)					
Name (Last, First, MI)	Address	Social Security Number	Relationship	Gender	% of Death Benefit Payable to Beneficiary (must total 100%)

In the event, and only in the event, that all primary beneficiaries predecease me, then the proceeds shall be payable to the following contingent beneficiaries:

CONTINGENT BENEFICIARY(IES)					
Name (Last, First, MI)	Address	Social Security Number	Relationship	Gender	% of Death Benefit Payable to Beneficiary (must total 100%)

In case I name more than one person in a group of beneficiaries, either as the Primary Beneficiaries or as the Contingent beneficiaries, then unless I otherwise direct in writing, each designated beneficiary in a beneficiary group shall share equally in the amount to be paid under the above plans, as checked. In the event any designated beneficiary(ies) in a group predeceases me, then the remaining beneficiary(ies) in that group of beneficiaries shall share equally in the life insurance proceeds to be paid under the above plan(s) , as checked .

_____ Member's Signature

_____ Date