

Volunteer Firefighter's Benefit Association of Minnesota

Change of Beneficiary

I hereby direct that my beneficiary be change to: _____ Relationship: _____

"If applicable secondary beneficiary are"

_____ relationship _____ %

_____ relationship _____ %

_____ relationship _____ %

_____ relationship _____ %

Dated at _____, Minnesota Date: _____
(month, date and year)

Firefighter's Signature: _____

Firefighter's Name (print): _____

(Office use only)

Approved and recorder at the Office of the Secretary of the VFBA of Minnesota

Secretary's signature: _____ Date: _____

Volunteer Firefighter's Benefit
Association of Minnesota
Certificate # _____

Issued to: _____

Fire Department: _____

Mail to: Steven Spaeth
PO Box 822
Detroit Lakes, MN 56502