|  |  |
| --- | --- |
| C:\Users\willet01\Downloads\MCFRS_Logo_WhiteBG_RedType - 1.5in.jpg | **LOSAP BENEFICIARY DESIGNATION/CHANGE FORM**  Please fill out each section completely.  Return to: LOSAP Administrator, MCFRS, 100 Edison Park Drive, 2nd Floor  Gaithersburg, MD 20878  Telephone: 240-777-2428 |

**Volunteer Information:** *Please* ***print clearly*** *using black ink*

|  |
| --- |
| First Name MI Last Name |
| Social Security Number Phone Number |
| Address |
| City State Zip Code |
| Email Address |

**Beneficiary Designations**: I hereby revoke any previous designations of primary and contingent beneficiary(ies), if any, and designate the following: **Survivor Beneficiary – Must be spouse.**

|  |  |  |
| --- | --- | --- |
| First Name Middle Initial Last Name | Date of Marriage | |
| Address | Date of Birth | Phone Number |
| Address (city, state, zip code) | Social Security Number | Email Address |

**Death Beneficiary –** one-time $5,000 payment.

If more than one Death Beneficiary is named, the $5000 payment will be divided between beneficiaries**.** Beneficiary Description

⬜Individual ⬜Individuals (Please see page 2 for additional names) ⬜Corporation/Organization ⬜Trust/Other

**Trust Designation –** Please attach a copy of the Trust Agreement. Complete if a Trust has been named as a Beneficiary in Section 2.

|  |  |
| --- | --- |
| Trustee’s Name (First, MI, Last) | Address (include city, state, zip code) |
|  |  |

And successor(s) in trust, as Trustee(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ As amended

and executed by me and said Trustee. Title of Agreement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Agreement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| First Name Middle Initial Last Name | Relationship to Member | |
| Address | Date of Birth | Social Security Number |
| Address (city, state, zip code) | Phone Number | Email Address |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** **Date**

**MCFRS volunteer must sign and date this form.**

The survivor benefit is only payable to a spouse. You may name anyone or any entity as your death benefit beneficiary and you may change your beneficiary at any time by completing a new Beneficiary Designation/Change form. **Payment will be made to the beneficiary. Current benefit for survivors is ½ of the monthly award for life or until the spouse remarries/death.** (Revised 02/2018)

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| C:\Users\willet01\Downloads\MCFRS_Logo_WhiteBG_RedType - 1.5in.jpg | **LOSAP BENEFICIARY DESIGNATION/CHANGE FORM**  Please fill out each section completely.  Return to: LOSAP Administrator, MCFRS, 100 Edison Park Drive, 2nd Floor  Gaithersburg, MD 20878  Telephone: 240-777-2428  PAGE 2 |

**Death Beneficiary –** one-time $5,000 payment. AdditionalBeneficiaries

If more than one Death Beneficiary is named, the $5000 payment will be divided between beneficiaries**.**

Page 2 does not need to be used if only one Death Beneficiary is named.

|  |  |  |
| --- | --- | --- |
| First Name Middle Initial Last Name | Relationship to Member | |
| Address | Date of Birth | Social Security Number |
| Address (city, state, zip code) | Phone Number | Email Address |

|  |  |  |
| --- | --- | --- |
| First Name Middle Initial Last Name | Relationship to Member | |
| Address | Date of Birth | Social Security Number |
| Address (city, state, zip code) | Phone Number | Email Address |

|  |  |  |
| --- | --- | --- |
| First Name Middle Initial Last Name | Relationship to Member | |
| Address | Date of Birth | Social Security Number |
| Address (city, state, zip code) | Phone Number | Email Address |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Page 2 Signature** **Date**

**MCFRS volunteer must sign and date this form.**

The survivor benefit is only payable to a spouse. You may name anyone or any entity as your death benefit beneficiary and you may change your beneficiary at any time by completing a new Beneficiary Designation/Change form. **Payment will be made to the beneficiary. Current benefit for survivors is ½ of the monthly award for life or until the spouse remarries/death.** (Revised 02/2018)