



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

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

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 _____

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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PAGE 2

Death Beneficiary – one-time \$5,000 payment. Additional Beneficiaries

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
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Page 2 Signature

Date

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