

Beneficiary Form Kentucky Peace Officers' Association, Inc.

All *active* and *life* members, who joined KPOA prior to March 9, 2004, and all *active* members who were full-time peace officers at the time of acceptance as a member after March 9, 2004 should file a Beneficiary Form with the KPOA Secretary. In case of death with no form on file, the KPOA Scholarship Fund will be the recipient of the member's death benefits.

Please complete this form (print or type) and mail it to:

KPOA, Inc.
PO Box 57
Lexington, KY 40588

Full Legal Name _____
(Last) (First) (Middle)

Social Security No. _____ Date of Birth _____
Month Day Year

Street/Box No./Apt. No./Rural Route _____

City _____ State _____ Zip Code _____
(9 digits)

Check One: *Life* member _____ *Active* member _____

Rank or Title _____ Dept./Agency _____

Home Phone _____ Office Phone _____
Area Code Area Code

I, _____, do hereby designate
(Print full legal name of *Life* or *Active* member)

_____, relationship _____
(Print full name of beneficiary)

as the person(s) to receive the death benefit from K.P.O.A. in the event of my death.

Address of Beneficiary _____

Street/P.O. Box No./Apt. No./Rural Route _____
City _____ State _____ Zip Code _____
(9 digits)

Phone Nos. of Beneficiary _____

Home Phone _____ Work Phone _____
Date _____ Signature of Member _____