



**LONG BEACH FIREMEN'S MUTUAL BENEFIT ASSOCIATION
WIDOW'S MITE AND/OR WELFARE FUND
BENEFICIARY FORM**

Name _____
First M.I. Last Last 4 SS#

I hereby name _____
First M.I. Last Relationship

as beneficiary, and in the event of his/her death, do hereby name:

First

M.I.

Last

Relationship

and _____

First

M.I.

Last

Relationship

As contingent beneficiaries, survivors to be paid in equal shares, to receive all benefits in the event of my death, from the Long Beach Firemen's Widow's Mite and/or Welfare Fund.

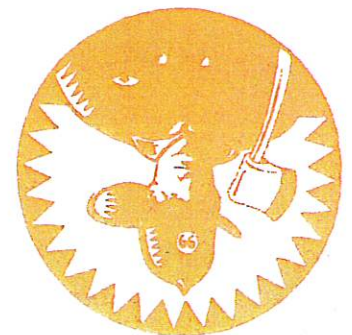
Signature

Date

Witness

Date

Board of Directors
Long Beach Firemen's
Mutual Benefit Association



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DESIGNATION OF CUSTODIAN FOR A MINOR CHILD

Name First M.I. Last Last 4 SS#

I designate that any death benefits that may be payable by the Widow's Mite and/or Welfare Fund upon my death, be distributed to the following custodian on behalf of my minor child/children names below:

First M.I. Last Date of Birth

First M.I. Last Date of Birth

First M.I. Last Date of Birth

Primary Custodian: I designate the following primary custodian to act on behalf of my minor child:

First M.I. Last Relationship

Telephone

Contingent Custodian: If at any time, the primary custodian is unable or unwilling to act as such custodian then I designate the following contingent custodian to act on behalf of my minor child /children.

First M.I. Last Relationship

Telephone

Signature Date

Witness Date