



**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