

City of Detroit

POLICE AND FIRE RETIREMENT SYSTEM
2 Woodward Ave Ste 908
Detroit, Michigan 48226

CHANGE OF NOMINATION OF BENEFICIARY

Soc Sec. No. _____

I hereby revoke and cancel my previous nomination of beneficiary and direct the Board of Trustees of the Police and Fire Retirement System of the City of Detroit to pay the accumulated contributions standing to my credit in event of my death before my retirement to my _____

(relationship of beneficiary)

whose name is _____ and whose address is _____

(full name of beneficiary)

No. Street City Zone State

Whose date of birth is _____ if living; otherwise to

(beneficiary's date of birth)

my _____ whose name is _____

(relationship of contingent beneficiary)

(name of contingent beneficiary)

whose date of birth is _____ and whose address is _____

(contingent beneficiary's date of birth)

No. Street City Zone State

Dated at Detroit, Michigan _____

(Date)

(Signature of Witness)

(Signature of Member)

No. Street

No. Street

City Zone State

City Zone State

