

To: Secretary-Treasurer
Peace Officers' Annuity &~ Benefit Fund
P. O. Box 56
Griffin, Georgia 30224

STATE OF GEORGIA:
COUNTY OF _____:

Certificate No. _____ Peace Officers' Annuity and Benefit Fund of Ga.,
Issued to: _____.

Address City

State Zip Phone

I hereby request that the beneficiary to receive the amount payable under the above numbered certificate, upon receipt of due proof of undersigned's death be changed as follows,

From:

(Name and relationship)

To:

(Name and relationship)

(Address of New Beneficiary)

of said named beneficiary is not living at the time of my death, then all benefits under the above numbered Certificate shall be paid to the Executor or Administrator of my estate.

Effective date of change: This and any subsequent change of beneficiary shall take effect as of the date of signing upon acceptance and recording at the home office of the Peace Officers' Annuity & Benefit Fund of Georgia, at Griffin, Georgia, subject to any payment made by the Peace Officers' Annuity and Benefit Fund of Georgia, or action taken by it, before receipt of the change of beneficiary request at the home office. The Certificate must accompany the request.

This ____ day of _____, 2____.

Signature of Certificate Holder

Signed, sealed and subscribed to before me,
On the ____ day of _____, 2____.

Notary Public

LOST CERTIFICATE AFFIDAVIT

GEORGIA COUNTY
OF _____

TO: The Peace Officers' Annuity and Benefit Fund of Georgia,
P. O. Box 56, Griffin, Georgia 30224

For the purpose of establishing the loss or destruction of Membership Certificate No. _____ held by _____ with said Fund, the undersigned hereby supplies the following information:

1. When did the loss or destruction of the Membership Certificate occur?

2. In whose possession was the Membership Certificate at that time? Name _____

3. What do you know about the loss or destruction of said Membership Certificate? Explain fully

4. What steps have you taken to locate the Membership Certificate? Explain fully

The undersigned hereby declares that the above statements are complete and true and are made for the purpose of inducing the Peace Officers' Annuity and Benefit Fund of Georgia to take action with respect to the above Membership Certificate, including the issuance of a substitute Membership Certificate when required.

In consideration of such action by the Peace Officers' Annuity and Benefit Fund of Georgia, the undersigned agrees:

1. That the original Membership Certificate is cancelled.
2. That the substitute Membership Certificate, if issued, shall be the sole evidence of the contract and need only contain current endorsements.
3. To indemnify the Peace Officers' Annuity and Benefit Fund of Georgia for any loss resulting from such action.
4. To notify the Fund promptly if the original Membership Certificate is found.

This _____ day of _____, 2_____.

Signature of Member or Named Beneficiary (circle one)

Mailing Address

City, State and Zip Code

In Witness Whereof I have hereunto affixed my signature in the presence of:

Notary Public