



PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GEORGIA

1210 Greenbelt Drive, Griffin, GA 30224
phone: 770-228-8461 | fax: 770-412-1236
www.poab.georgia.gov | email: poabf@rfga.us

BENEFICIARY CHANGE FORM

Member Name: _____ Member #: _____

Mailing Address: _____

Phone #: _____ Alternate Phone #: _____

Email Address: _____

The death benefit is provided to the member's beneficiary. A beneficiary can be anyone the member chooses and can be changed at any time over the course of membership in the Fund.

Acknowledgement: *I hereby request that the beneficiary designated to receive any benefits payable under my member number, upon my death and upon receipt of due proof thereof, be changed. If the designated beneficiary is not living at the time of my death, all benefits payable under the above-referenced certificate shall be paid to the Executor or Administrator of my estate. The beneficiary designation is as follows:*

BENEFICIARY DESIGNATION

Name _____		Relationship _____	
Address _____			
Phone Number _____		Email Address _____	

Member Signature

Witnessed on:

This _____ day of _____

Notary Name: _____

Notary Signature: _____

My commission expires: _____

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 POAB Fund of GA office in Griffin, GA, subject to any payment made by the POAB Fund of Georgia, or action taken by it, before receipt of the change of beneficiary request at the home office.*