

# PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GA

1208 GREENBELT DRIVE, GRIFFIN, GA 30224

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## REQUEST TO CHANGE BENEFICIARY OF DEATH BENEFITS

Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State and Zip Code*

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

*I hereby request that the beneficiary to receive the amount payable under the above member number, 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*

\_\_\_\_\_  
*Phone Number of New Beneficiary*

\_\_\_\_\_  
*Email Address of New Beneficiary*

*If said 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 POAB FUND OF GA OFFICE IN GRIFFIN, GA, SUBJECT TO ANY PAYMENT MADE BY THE POAB FUND OF GA, OR ACTION TAKEN BY IT, BEFORE RECEIPT OF THE CHANGE OF BENEFICIARY REQUEST AT THE HOME OFFICE.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MEMBER

Witnessed by: \_\_\_\_\_  
Notary Public