Police Relief Association

P.O. BOX 341608 MILWAUKEE, WI 53234-1608



In accordance with the constitution and by-laws of the Police Relief Association, upon application by the beneficiary and satisfactory proof of the death of a member, who was in good standing, the Board of Trustees shall pay to the beneficiary or beneficiaries named on this form, a sum of money as designated by the principal, per premium paid.

TO: The Board of Trustees of the Police Relief Association of the City of Milwaukee

I, the undersigned, a member of the Police Relief Association of the City of Milwaukee, hereby direct that, in the event of my death, all benefits to which I may be entitled from the Police Relief Association be paid to:

Date:

Beneficiary Name (last, first, middle)	Social Security Number	Gender (M / F)	Birth Date	Percentage	Relationship	Type (P/S)*	Mailing Address and E-Mail Address

* P/S designates Primary and Secondary (e.g., Primary: John Smith receives 100% and Secondary: Joe Smith receives 50% and Jane Smith receives 50%, in the event that John Smith passes).

Subject to such further disposal of the benefit among my dependents, as I may hereafter direct, or as provided by the constitution and bylaws of the Police Relief Association.

Signature	Print I	Print Name		
Address			Telephone Number	
Witness Signature	Witness Print Name	Witness Signature	Witness Print Name	