



VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INC.

DEATH BENEFIT PLAN

MEMBER INFORMATION/BENEFICIARY CHANGE REQUEST

MEMBER INFORMATION/BENEFICIARY CHANGE REQUEST FORM INSTRUCTIONS

It is the responsibility of each member of the Death Benefit Plan (the Plan) to keep their personal information and their beneficiary information up to date. Any Plan member finding it necessary to update and/or change any of their personal information and/or their beneficiary information shall do so by completing and submitting this *Member Information/Beneficiary Change Request* form to the VAFR office.

The Plan member must complete the “*Change Request Type*” and “*Member Information*” sections of this form.

Change Request Type (This section must be completed.)

Indicate the changes to be made by checking all the change types that apply. NOTE: If “*Change Agency*” is checked, the Plan member’s new agency must be a VAFR member agency and must complete the “*For New Agency Use Only*” section of this form.

Member Information (This section must be completed in its entirety.)

The Plan member must provide the following:

1. Full legal name (First, Middle, Last Name) and Common/Nickname name.
2. If the Plan member’s legal name has changed, provide the new legal name (First, Middle, Last Name) on the “*Legal Name Changed To*” line; otherwise leave this line blank.
3. Complete address.
4. Social Security Number.
5. Date of Birth.
6. Phone number.
7. Email address.
8. VAFR Membership type. The VAFR being the parent company, the members of the AVAVRS are incorporated as members of the VAFR.

For New Agency Use Only

If the Plan member is changing agency membership from one VAFR member agency to another VAFR member agency, the new VAFR member agency must complete the “*For New Agency Use Only*” section of this form certifying that the Plan member is a member in good standing with the new member agency. This section must be signed and dated by the new VAFR member agency representative. If the Plan member is an individual member, a VAFR Life member, or an AVAVRS Life member, this section should be left empty.

Beneficiary Information

This section must be completed if the Plan member wishes to change to whom the Plan benefits shall be paid to. If the primary beneficiary predeceases the Plan member, the Plan benefit will be paid to the contingent beneficiary. If both beneficiaries predecease the Plan member or there are no beneficiaries on file for the Plan member, the benefits shall be paid to the Plan member’s estate. NOTE: The applicant may designate an organization/foundation of their choosing (their agency, VAFR, church, etc.) as a beneficiary. To designate an organization/foundation place the full name of the organization/foundation in the “*Full Legal Name*” space and leave the “*Relationship*” space blank. If no changes are being made, leave this section blank.

The *Member Information/Beneficiary Change Request* form must be signed and dated by the Plan member.



VIRGINIA ASSOCIATION OF FIRST RESPONDERS DEATH BENEFIT PLAN MEMBER INFORMATION/BENEFICIARY CHANGE REQUEST

Please type or print legibly.

CHANGE REQUEST TYPE

Change Name Change Address Change Email Address Change Beneficiary
 Change Beneficiary information Change Agency VAFR Membership Type

MEMBER INFORMATION

Full Legal Name: _____ Common Name: _____
(First Name) (Middle Name) (Last Name)

Legal Name Changed To: _____
(First Name) (Middle Name) (Last Name)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email Address: _____

VAFR Membership Type: Agency Member Individual Member VAFR Life Member AVAVRS Life Member

For New Agency Use Only

I certify that the above applicant is a member in good standing with _____.

Address: _____

City: _____ State: _____ Zip: _____

(Agency Representative Name/Title) (Signature) Date: _____

Phone: (____) _____ Email Address: _____

BENEFICIARY INFORMATION

Primary Beneficiary

Full Legal Name: _____ Relationship: _____
(First Name) (Middle Name) (Last Name)

Address: _____

City: _____ State: _____ Zip: _____

Contingent Beneficiary *(Receives the benefits if the primary beneficiary predeceases the applicant.)*

Full Legal Name: _____ Relationship: _____
(First Name) (Middle Name) (Last Name)

Address: _____

City: _____ State: _____ Zip: _____

Member Signature: _____ Date: _____

For VAFR Use Only

Received By: _____ Date Received: _____

Entered into Database By: _____ Date Entered: _____