

# Jacksonville Police Death Benefit Fund, Inc. Membership Application Form\*

Full Name (Print Legibly): \_\_\_\_\_

Date of Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I request membership into the Jacksonville Police Death Benefit Fund, Inc. I agree to abide with the by-laws of membership which I can obtain at the organization's web site: [www.jpdbf.com](http://www.jpdbf.com). By submitting this application and payroll authorization card I'm giving permission for the City of Jacksonville to deduct from my pay check the amount of \$5.00 bi-weekly. These funds accumulate in my account with the fund and are the source of money for designated beneficiaries upon the death of a member. I understand the money in my account can only be used for administering death benefits to designated beneficiaries. Death does not have to be on duty in order for my beneficiary to receive these funds.

I wish to designate as my **primary beneficiary** the following person. *(Print the name and list relationship to you.)*

\_\_\_\_\_

In the event my primary beneficiary is deceased I wish to designate as my **secondary beneficiary** the following person. *(Print the name and relationship to you.)*

\_\_\_\_\_

Date of employment with the Jacksonville Sheriff's Office is: \_\_\_\_\_

Your date of birth is: \_\_\_\_\_

Your current home address is *(Be sure to print and include any applicable apartment numbers and your zip code.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

**\*Completion of this form, payroll authorization card and first installment of payroll deduction initiates your membership.**

You may communicate with a board member at any time. That contact information is on our web site at [www.jpdbf.com](http://www.jpdbf.com). We are also on [facebook](https://www.facebook.com). Request for address and beneficiary changes should go through the Executive Treasurer who is currently:

Mike Massey (Retired J.S.O. Officer)  
Cell Phone 904-746-4828 Home 904-246-0210  
E-mail [michaelbeachhiking@msn.com](mailto:michaelbeachhiking@msn.com)  
Jacksonville Police Death Benefit Fund Inc.  
P.O. Box 40176  
Jacksonville Beach, Florida 32240



*Serving Jacksonville Law Enforcement Community Since 1924*

*Leaving Legacy of Service and Protection*