

Serving Jacksonville Law Enforcement Community Since 1924



Beneficiary Designation Form

Form should be mailed to :
Jacksonville Police Death Benefit Fund, Inc.
Attention: Executive Treasurer:
Mike Massey
P.O. Box 49176
Jacksonville Beach, Florida 32240

Date _____ Social Security Number _____

To The Officers and Members of The Jacksonville Police Death Benefit Fund, Inc.

I, _____
Print your complete legal name on above line and sign below.

Hereby, wish to designate as my **primary beneficiary** the following person:

Print on above line not only name but the relationship of person to you example-Dad, Wife, etc.

Hereby, wish to designate as my **secondary beneficiary** the following person:

Print on above line not only name but the relationship of person to you example-Dad, Wife, etc.

Include below contact information for your beneficiary:

Have a notary stamp and sign below:

Signature of Fund member:

Notary Seal:

Date: _____

Contact Person: Executive Treasurer Mike Massey Cell 904-746-4828
e-mail michaelbeachhiking@msn.com
web site: www.jpdbf.com

Leaving a Legacy of Service and Protection

