

_____Virginia State Police Association_____

 BENEFICIARY FORM

 DEATH BENEFIT CHANGE REQUEST

Members Name: _____

 (First, Middle, Last)

<u>Name Change</u> (First, Middle, Last)	
FROM:	_____
TO:	_____

<u>Beneficiary Designation</u> (First, Middle, Last)		Please check if this is a change [<input type="checkbox"/>]
PRIMARY:	_____	
Relationship:	_____	
CONTINGENT:	_____	
Relationship:	_____	
<small>Note: Contingent Beneficiary will receive benefits only if Primary Beneficiary does not survive you. If more than one Primary or Contingent Beneficiary is wanted, please attaché a separate sheet of paper.</small>		

DEPENDENTS TO BE ADDED OR REMOVED

Check One		Name (First-MI-Last)	Date of Birth xx/xx/xxxx	Relationship (Spouse/Child)	Date of Marriage xx/xx/xxxx
Add	Remove				

Foster children or adopted child must show date of placement and any adoption decree.

<u>DATE AND SIGN</u>	
Date: _____	_____ Signature of Member

Mail or Fax to VSPA

 Attn: Membership Services

 6942 Forest Hill Avenue

 Richmond, VA 23225

 Fax: 804.320.2616