

**SAN ANTONIO POLICE OFFICERS' ASSOCIATION
MEMBERSHIP DOUBLE DUES
BENEFICIARY FORM**

EMPLOYEE (LAST NAME, FIRST, MIDDLE INITIAL)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP CODE

BENEFICIARY INFORMATION

Beneficiary name (first, middle initial, last)

Primary

Relationship

Social Security Number

(to be divided equally unless stated otherwise)

1.

2.

3.

Contingent

Relationship

Social Security Number

(to be divided equally unless stated otherwise)

1.

2.

3.

Under the Family and Probate code, a designation of beneficiary will no longer be effective after a divorce is final unless the decree specifically designates the former spouse as the beneficiary, the spouse redesignates the former spouse as a beneficiary, or the former spouse is designated to receive the benefits on behalf of a minor child.

I certify that all of the information on this form is true and complete to the best of my knowledge and belief. I understand that the effective date of this change for myself is subject to my being an active member of the San Antonio Police Officers' Association.

Member's Signature
(REQUIRED)

Date Signed