

SAP# \_\_\_\_\_



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

\_\_\_\_\_  
EMPLOYEE (LAST, 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 #	Percentage
*****			

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contingent  
(to be divided equally unless stated otherwise)

	Relationship	Social Security #	Percentage
*****			

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 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 Signature (REQUIRED)

\_\_\_\_\_  
Date Signed