

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:	_____
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.	

DEPENDENTS TO BE ADDED OR REMOVED

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

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
6944 Forest Hill Avenue
Richmond, VA 23225
Fax: 804.320.2616