

FORM 10-B AFFIRMATION FOR EX-SPOUSE TO REMAIN AS DESIGNATED BENEFICIARY

TO: John E. Hixon, Jr., Executive Director  
Alabama Peace Officers' Annuity & Benefit Fund  
Post Office Box 2186  
Montgomery, Alabama 36102-2186

Member No. \_\_\_\_\_ Alabama Peace Officers' Annuity and Benefit Fund

issued to \_\_\_\_\_ Social. Security # \_\_\_\_\_

I hereby affirm that on \_\_\_\_\_, 20\_\_\_\_ my ex-spouse, \_\_\_\_\_,  
and I were divorced and I wish for him/her to remain as my beneficiary to receive the amount  
payable under the above numbered certificate, upon receipt of due proof of undersigned's death;  
and there is no court order or contract that addresses who is entitled to this benefit.

If said named beneficiary is not living at the time of my death, then all benefits under the above  
numbered Certificate shall be paid to the Executor or Administrator of my Estate.

EFFECTIVE DATE OF CHANGE: This shall take effect as of the date of signing upon acceptance and  
recording at the office of the Alabama Peace Officers' Annuity & Benefit Fund, at Montgomery, Alabama,  
subject to any payment made by the Alabama Peace Officers' Annuity & Benefit. Fund, or action taken by it,  
before receipt of the affirmation at this office. The Certificate must accompany the affirmation (if available).

\_\_\_\_\_  
STATE OF ALABAMA COUNTY of \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Certificate Holder) (Daytime Phone Number)

\_\_\_\_\_  
(Mailing Address of Certificate Holder) (City) (State) (Zip Code)

Sworn and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public