

REQUEST FOR CHANGE OF BENEFICIARY

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

Certificate No. _____, Alabama Peace Officers' Annuity and Benefit Fund
Issued to _____, Social Security # _____

I hereby request that the beneficiary to receive the amount payable under the above numbered certificate, upon receipt of due proof of undersigned's death, be changed as follows:

FROM: _____ DOB: __/__/____
(Beneficiary Name) (Social Security Number)

TO: _____ DOB: __/__/____
(Beneficiary Name) (Social Security Number)

(Relationship) (Mailing Address of Beneficiary)

AND: _____ DOB: __/__/____
(Beneficiary Name) (Social Security Number)

(Relationship) (Mailing Address of Beneficiary)

If said beneficiary is a minor; by laws governing the Fund, you must furnish in writing the name, address, and social security number of a legal guardian (other than yourself) who would act on the minor's behalf.

(Legal Guardian) (Mailing Address) (Social Security No.)

If said 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 and any subsequent change of beneficiary 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 change of beneficiary request at this office. The Certificate must accompany the request (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