

Bloomington Fire Department Relief Association  
10 West 95th Street  
Bloomington, Minnesota 55420

BENEFICIARY FORM

FIREFIGHTER \_\_\_\_\_ BFD# \_\_\_\_\_ SSN: \_\_\_\_\_

In the event of your death, surviving spouse payments and death benefits, are payable to your surviving spouse, or next-of-kin as defined by State statute. The purpose of this form is to capture the necessary information to allow for these payments. The definition of a surviving spouse is the current spouse at time of members death.

Please note that these benefits cannot be assigned to any alternate payee unless authorized by the court through a Domestic Relations Order (so qualified by the BFDRA).

In the event of my death, I authorize the Bloomington Fire Department Relief Association to pay any benefits I am entitled to receive, to the below named beneficiary(ies):

Name of spouse: \_\_\_\_\_ DOB: \_\_\_\_\_ Soc. Security # \_\_\_\_\_

In the event there is no surviving spouse, please list below any minor children (under 18).

Child # 1 \_\_\_\_\_ DOB: \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Child # 2 \_\_\_\_\_ DOB: \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Child # 3 \_\_\_\_\_ DOB: \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Child # 4 \_\_\_\_\_ DOB: \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Child # 5 \_\_\_\_\_ DOB: \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Death benefit only: (If unmarried, and no minor children, designate next-of-kin beneficiary below).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Soc. Security #: \_\_\_\_\_

Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_