Detroit Firemen's Fund Association

Organized – March 16, 1866

DPSH, 1301 Third St, Ste. 329, Detroit MI 48226

I, _____, SSN _____ pursuant to

The By-Laws of the Detroit Firemen's Fund Association ("Association"), of which I am a member, do hereby designate:

_____

_____

_____

(Print Name(s), Relationship & Address)

as the beneficiary(ies), to whom the Board of Trustees of the Association shall pay the Death Benefit payable at the time of my death, as they provided by the By-Laws of the Association

In the event that the above beneficiary(ies) does not survive me, or is otherwise disqualified, I designate the following as my alternative beneficiary(ies):

_____

_____

_____

(Print Name(s), Relationship & Address)

I understand that if none of the beneficiaries that I have named survive me, and if I die leaving heirs-at-law, the death benefit will be paid to the Personal Representative of my estate for inclusion in my estate. I further understand that if none of the beneficiaries I have named survive me, and if I die leaving no heirs-at-law, no death benefit shall be due or paid to anyone on account of my death

I certify that I have read the instructions and the representations contained on the additional page, all of which are incorporated herein by the reference.

Signed and witnessed this _____day of _____20_____.

_____ _____

Witness Member's Signature

Accepted and approved for the Detroit Firemen's Fund Association:

By _____ _____

Trustee Trustee

Date _____20_____

Note: Signatures of two Trustees are required for acceptance.