

Name: _____ Employee Number: _____
Last, First

Social Security Number (last four digits only) _____

Date of Birth _____

HOUSTON POLICEMEN'S BURIAL FUND ASSOCIATION BENEFICIARY FORM

HOUSTON, TEXAS _____
DATE

I, _____ AM A MEMBER OF THE
HOUSTON POLICEMEN'S BURIAL FUND ASSOCIATION AND MY SPOUSE AT
THE TIME OF MY DEATH, OR IF NOT MARRIED THE BENEFICIARY I HAVE
NAMED BELOW:

NAME	RELATIONSHIP
_____	_____
_____	_____

IS ENTITLED TO ALL BENEFITS AND PRIVILEGES AS LONG AS THEY COMPLY
WITH ALL RULES REGULATIONS AND PAY ALL DUES AND FINES AS
PROVIDED OF THE BY-LAWS OF THE SAID ASSOCIATION, AND IF AT MY
DEATH I AM A MEMBER IN GOOD STANDING, MY CURRENT SPOUSE OR
NAMED BENEFICIARY SHALL RECEIVE, UPON DUE PROOF OF MY DEATH,
THE BENEFITS THEN PROVIDED BY THE HOUSTON POLICE MEN'S BURIAL
ASSOCIATION AS SET FORTH IN THE BY-LAWS OF THE HOUSTON
POLICEMEN'S BURIAL FUND ASSOCIATION, AND ITS AMENDEMENTS, OR AS
DESIGNATED AND APPROVED BY THE BOARD OF TRUSTEES.

SIGNATURE

Academy Class