

Name: _____ Employee Number: _____
Last, First

Social Security Number (last four digits only): _____

Date of Birth: _____ Academy Class: _____

HOUSTON POLICE BURIAL FUND

241 E. 27th Street • Houston, Texas 77008-2129 • 832-969-9099
changeform@houstonpoliceburialfund.org

BENEFICIARY FORM

HOUSTON, TEXAS

I, _____ AM A MEMBER OF THE HOUSTON POLICE BURIAL FUND (FUND). I AND MY SPOUSE AT THE TIME OF MY DEATH, OR IF NOT MARRIED, THE BENEFICIARIES I HAVE NAMED BELOW:

NAME

RELATIONSHIP

ARE ENTITLED TO ALL BENEFITS AND PRIVILEGES AS LONG AS WE COMPLY WITH ALL THE RULES AND REGULATIONS AND PAY ALL DUES AND FINES AS PROVIDED IN THE BYLAWS OF SAID FUND, AND IF AT MY DEATH I AM A MEMBER IN GOOD STANDING, MY CURRENT SPOUSE OR NAMED BENEFICIARIES SHALL RECEIVE, UPON DUE PROOF OF MY DEATH, THE BENEFITS THEN PROVIDED BY THE FUND AS SET FORTH IN THE BYLAWS OF THE HOUSTON POLICEMEN'S BURIAL FUND ASSOCIATION (dba Houston Police Burial Fund), AND ITS AMENDMENTS, OR AS DESIGNATED AND APPROVED BY THE BOARD OF TRUSTEES.

Signature

Date

AT THE TIME OF MY DEATH I WOULD PREFER THAT IN LIEU OF FLOWERS, DONATIONS BE MADE IN MY MEMORY TO THE HOUSTON POLICE BURIAL FUND.

Signature

Date