



# California Association of Professional Firefighters

Please send your completed change of beneficiary card to:  
**CAPF, PO Box 31, Martell, CA 95654**

## California Association of Professional Firefighters (CAPF) Change of Beneficiary (COB)

LAST NAME	FIRST NAME	M.I.	BIRTH DATE / /	SOCIAL SECURITY NO.
MAILING ADDRESS		CITY	STATE	ZIP CODE
				PHONE ( )
CURRENT TITLE	NAME OF EMPLOYER		EMAIL	

### Please change my beneficiary to:

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

*(If Trust, insert full name and date of Trust and Trustees names.)*

Beneficiary Address \_\_\_\_\_ Beneficiary Phone \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Contingent Beneficiary Address \_\_\_\_\_ Contingent Beneficiary Phone \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Office use only.</b>
DATE RECEIVED: _____
ADDRESS UPDATED: _____
FILES UPDATED: _____

CAPF-COB Rev. 4-20

**Note: A signature is required for this form to take effect. Please see reverse side for important instructions, including some limitations that will apply if a minor (a person not of legal age) is a designated beneficiary.**

### Instructions and Rules for Beneficiary Designations.

To designate a Beneficiary for Death Benefits payable pursuant to the Plan upon the Member's death, the Member must sign this form and designate at least one primary Beneficiary. This Beneficiary designation cancels all prior designations. Designations are not valid unless duly signed, dated and returned to the Plan Administrator during the Member's lifetime. If designating a trust or trustee, the Member should reference the written trust document and date.

Only surviving Beneficiaries at the time of death will be eligible to receive all or any specified portion of the Death Benefit. The Death Benefits are payable to the most recent Beneficiary designated by the member to the Administrators or to his or her estate if the Beneficiary predeceases the Member or dies within three (3) days after the Member's death. If there is no named Beneficiary, or no Beneficiary survives as of the date of death, the Death Benefit will be payable to the Member's surviving spouse or civil union partner; or if there is no surviving spouse or civil union partner, it will be payable to the Member's estate.

The Member may have more than one primary Beneficiary. If so, the Member should designate the percentage of proceeds payable to each primary Beneficiary. If more than one primary Beneficiary is designated, unless their shares are specified, settlement will be made in equal shares to the designated Beneficiaries (or Beneficiary) living at the date of the Member's death.

A contingent Beneficiary receives the Death Benefit if (and only if) all primary Beneficiaries die before the date of the Member's death.

If a minor (a person not of legal age) is a Beneficiary, it may be necessary to have a guardian of the estate of the minor, or a conservator for the minor appointed before any Death Benefit can be paid. (This can result in legal expenses for the Beneficiary and a delay in the payment of the Death Benefit.)

If a Beneficiary disclaims all or any portion of a Death Benefit by delivering a written disclaimer to the Plan Administrator prior to the distribution of the Death Benefit, the interest disclaimed will pass as if that Beneficiary had pre-deceased the Member.

**These instructions and rules are subject to and controlled in all respects by the terms of the Plan document. Beneficiary information is required for the Plan Death Benefits. Contact the Plan Administrator at 1-800-832-7333 or visit [www.CAPF.org](http://www.CAPF.org) to update your beneficiary choice or for additional information.**