



South Carolina State Firefighters' Association

Designation of Beneficiary Form

Department: _____

Member Name: _____

Address: _____

SS#: _____ Date of Birth: _____

Marital Status: _____ Sex: _____

Primary Beneficiary Name: _____

SS# _____ Date of Birth: _____

Relationship: _____ Telephone: _____

Address: _____

Second Beneficiary Name: _____

SS# _____ Date of Birth: _____

Relationship: _____ Telephone: _____

Address: _____

Member's Signature

Date

PLEASE MAINTAIN THIS FORM AT FIRE DEPARTMENT