



CHANGE OF BENEFICIARY FOR PIBF DEATH BENEFIT

Effective Date of Change: _____

Primary Beneficiary:

_____	_____
Name	Relationship

Mailing Address	

Secondary Beneficiary:

_____	_____
Name	Relationship

Mailing Address	

Date: _____ Member's ID #: _____

Member's Name (print): _____

Signature of Member: _____