



# ELECTION OF BENEFICIARY

## COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

Use this form to select one or more beneficiaries of each type (primary and contingent). The percent of share(s) must total to 100 percent for the beneficiary(ies) listed in Part B. If you designate contingent beneficiaries, the percent of share(s) must also total to 100 percent. You may copy this form to name additional beneficiaries; enter the total number of pages being submitted at the bottom of the form, even if only 1 page is being submitted.

**Note:** If the beneficiary language in Part A of the VOLSAP Application for Membership (VOLSAP-1) meets your needs, you do not need to complete or submit this change form.

### PART A. MEMBER INFORMATION

1. <b>Name</b> (First, Middle Initial, Last)		
2. <b>Social Security Number</b>	3. <b>Type of Election</b> <input type="checkbox"/> Initial <input type="checkbox"/> Change	4. <b>Department/Squad Name</b>

### PART B. PRIMARY BENEFICIARIES

Full Name (First, Middle Initial, Last)		
Social Security Number	Birth Date	Percent of Share
Full Name (First, Middle Initial, Last)		
Social Security Number	Birth Date	Percent of Share

**Note:** In the event of the death of one or more primary beneficiaries, with no new primary beneficiary(ies) being named, the share designated for the deceased primary beneficiary(ies) shall be divided equally between the surviving primary beneficiary(ies) or pass 100 percent to the one surviving primary beneficiary. If there is only one primary beneficiary who dies and no new primary is named, the benefit will be allocated as indicated below to the contingent beneficiary(ies).

### PART C. CONTINGENT BENEFICIARIES

Full Name (First, Middle Initial, Last)		
Social Security Number	Birth Date	Percent of Share
Full Name (First, Middle Initial, Last)		
Social Security Number	Birth Date	Percent of Share
Full Name (First, Middle Initial, Last)		
Social Security Number	Birth Date	Percent of Share

Member Signature \_\_\_\_\_

\_\_\_\_\_ Date

Send completed form to:

Principal Custody Solutions/VOLSAP  
510 N. Valley Mills Dr., Suite 400  
Waco, TX 76710

Email questions to:  
volsap@varetire.org