

PART A. MEMBER INFORMATION

## **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.

1. Name (First, Middle Initial, Last)		
2. Social Security Number	3. Type of Election ☐ Initial ☐ Change	4. Department/Squad Name
PART B. PRIMARY BENEFICIARIE	S	
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
the share designated for the decease beneficiary(ies) or pass 100 percent t	d primary beneficiary(ies) shall be on the one surviving primary benefic be benefit will be allocated as indicated as indi	n no new primary beneficiary(ies) being named, divided equally between the surviving primary iary. If there is only one primary beneficiary who ted below to the contingent beneficiary(ies).
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)	1	
Social Security Number	Birth Date	Percent of Share
	1	
Member Signature		Date
•	Principal Custody Solutions/VOLSAF 510 N. Valley Mills Dr., Suite 400 Naco, TX 76710	Email questions to: volsap@usi.com
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