

## **Funeral Benefit Beneficiary Form**

Date: \_\_\_\_\_ Auxiliary No: \_\_\_\_\_ Location: \_\_\_\_\_

### **Benefit Member Information**

GAID: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_

### **Beneficiary Information**

#### **First Beneficiary**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Email Address \_\_\_\_\_

#### **Second Beneficiary**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Email Address \_\_\_\_\_

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