

Lebanon Lodge #42 - Fraternal Order of Police
Life Insurance Beneficiary/Member Information Update Form

Member Name: _____
List Name of Active Department or Retired: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone _____
Social Security Number: _____
Date of Birth: _____
Home Email Address: _____
Department or Work Email Address: _____

In the event of my death, I do hereby designate the following Individual(s) as primary beneficiary(ies) for the Fraternal Order of Police Lodge 42 life insurance policy.

Name and Relationship: _____
Address: _____
Phone: _____

Name and Relationship: _____
Address: _____
Phone: _____

The following individual(s) are designated as secondary beneficiary(ies) in the event my primary beneficiary(ies) predecease me.

Name and Relationship: _____
Address: _____
Phone: _____

Name and Relationship: _____
Address: _____
Phone: _____

Please choose yes or no or fill in appropriate choices regarding funeral services below:

Would like you the FOP Memorial Service at your service: _____

Would you like an Honor Guard and Casket Guarding: _____

Would you like a bagpiper to be played at your service: _____

If so, do you have a specific song choice you want played: _____

Being of sound mind and mentally competent, I hereby designate the within named individual(s) or organization(s) as designated beneficiary(ies) of my FOP Lodge 42 Life Insurance Benefit.

Member signature: _____

Date: _____