



San Juan Island Fire Department

Beneficiary Designation for Length of Service Awards Program

Name of Organization: San Juan County Fire Protection District #3

Name of Member: _____

I hereby designate the following beneficiary(ies) with respect to amounts payable for the Length of Service Awards Program and hereby revoke any beneficiary(ies) previously made by me. I direct that any amounts payable under said program to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me otherwise to those surviving in Contingent Beneficiary in proportion to the percentages listed.

Primary Beneficiary:

| Name: | Relationship | Date of Birth | Share |
|-------|--------------|---------------|--------|
| _____ | _____ | _____ | _____% |
| _____ | _____ | _____ | _____% |

Contingent Beneficiary

| Name: | Relationship | Date of Birth | Share |
|-------|--------------|---------------|--------|
| _____ | _____ | _____ | _____% |
| _____ | _____ | _____ | _____% |

If none of the above named beneficiaries are living at the time of my death I direct that payment be made to my estate. I reserve the right to revoke this designation.

Signature _____ Date _____