The Baltimore County Volunteer Firemen's Association **BENEFICIARY FORM**

Complete this block each time this card is used. Please PRINT LEGIBLY
Insured's Name
Insured's Address
Name of Policy Holder

BENEFICIARY DESIGNATION

Complete and sign this block if you wish to name or change your beneficiary
O hereby designate the following beneficiary with respect to indemnif

BALTIMORE COUNTY, MARYLAND

FIRST NAME	MIDDLE INITIAL	LAST NAME

MEMBER'S I.D. NUMBER	MEMBER'S VOLUNTEER STATION NUMBER
	330

NAME OF MEMBER'S VOLUNTEER COMPANY

Woodlawn Volunteer Fire Company