

## ***CERTIFICATE OF BENEFICIARY***



### **ASSOCIATION OF ROCHESTER POLICE & AREA LAW ENFORCEMENT RETIREES INC.**

Joseph C. Cimino – President  
Louis D'Angelo - Executive VP  
Frank DiPrimo- Secretary/Treasurer  
Charles Zona - Sergeant at Arms

1425 Lexington Ave  
Rochester, NY 14606  
Tel: (585) 254-2510  
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E-mail: [arpaler14606@wny.twcbc.com](mailto:arpaler14606@wny.twcbc.com)

Subject to the By-laws of the Association of Rochester Police & Area Law Enforcement Retirees Inc. now in effect,

I, \_\_\_\_\_ (print name) the undersigned, hereby authorize said Association, or its successor, to pay, in the event of my death, the sum of money as prescribed by the By-laws (presently \$250.00) to the following person, and in the event that the stated person predeceases me and I have not submitted a new Certificate of Beneficiary form, then the payment should go to the person listed as the contingent beneficiary. I must be a member in good standing for two years before this benefit can be dispersed.

(PLEASE PRINT ALL INFORMATION BELOW EXCEPT FOR YOUR SIGNATURE)

#### **PRIMARY BENEFICIARY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

#### **CONTINGENT BENEFICIARY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_  
(MEMBER'S LEGAL SIGNATURE) DATE \_\_\_\_\_

\_\_\_\_\_  
(WITNESS LEGAL SIGNATURE) (WITNESS NAME PRINTED) DATE \_\_\_\_\_

RETURN THIS COMPLETED FORM TO:  
1425 Lexington Avenue  
Rochester, New York 14606