

RETURN TO:  
ADMINISTRATIVE SERVICES ONLY, INC.  
Department 66-A  
PO Box 9005  
Lynbrook, NY 11563

(516) 396-5500 / (718) 204-7172



# ASSISTANT DEPUTY WARDENS DEPUTY WARDENS ASSOCIATION ANNUITY BENEFIT FUND NOTICE OF BENEFICIARY



## MEMBER/EMPLOYEE INFORMATION

Member Name:				Birth Date:	
Street Address:		City:	State:	Zip Code:	Telephone #:

***I the aforementioned being a Member of the ADWDWA Annuity Benefits Fund, do desire and direct that in the event of my death, all benefits such as may be prescribed by the ADWDWA Annuity Benefits Fund be paid to:***

## PRIMARY BENEFICIARY INFORMATION

Beneficiary Name:			Relationship:		Birth Date:
Street Address:		City:	State:	Zip Code:	Telephone #:

## SECONDARY BENEFICIARY INFORMATION

***or in the case of death of said beneficiary to:***

Secondary Beneficiary Name:			Relationship:		Birth Date:
Street Address:		City:	State:	Zip Code:	Telephone #:

I Hereby revoke any prior designations, heretofore made by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This form must be acknowledged before a Notary Public or Commissioner of Deeds**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally appeared before me the above named, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or  
Commissioner of Deeds \_\_\_\_\_

Official Title \_\_\_\_\_

Expiration Date of Commission \_\_\_\_\_

If you have an official seal, affix it.

## FOR OFFICE USE ONLY

VERIFICATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_