

**ASSISTANT DEPUTY WARDENS/DEPUTY WARDENS
ASSOCIATION
Annuity Fund**

I, _____ age _____
(Print Name in Full)

residing at _____
Address City State Zip Code

A member of the above Annuity Fund, do desire and hereby direct that in the event of my death, my benefits such as may be prescribed by the aforesaid Annuity Fund, be paid to

_____ relationship _____
Address City State Zip Code

or in case of death of said beneficiary:

to: _____ relationship _____
Address City State Zip Code

Hereby revoking any prior designations heretofore made by me.

Member _____
Signature

STATE OF _____

This instrument was signed before me on _____ 20 _____

County of _____

By _____

Notary's Signature

Notary Public for _____

My Commission expires: _____

OR

Date _____ 20 _____

Witnessed by Fund Administrator