



# CAL FIRE Local 2881

## BENEFICIARY DESIGNATION

Name \_\_\_\_\_  
(Last) (First) (M.I.)

Mailing Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Social Sec. # \_\_\_\_\_ Hm phone# ( ) \_\_\_\_\_ Wk phone# ( ) \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_