Please print and mail to: NPFBA, PO Box 31, Martell, CA 95654

## National Peace Officers & Firefighters Benefit Association (NPFBA) Change of Beneficiary (COB)

Name	
Last	First M. I.
SS#	Birthday/
Mailing Address _	
City	State Zip
Phone ( )	EMAIL
Primary Benefic	iary (Please do not list minor children as Beneficiary)
Name	
Relationship	
Address	
Phone	
Contingent Ben	eficiary (Please do not list minor children as Beneficiary)
Name	
Relationship	
Address	
Phone	
Signature	
O.g.i.a.a.	Protection Against Unintended Lapse
	<u> </u>
	e right to designate at least one person other than myself to receive notice of lapse or termination of or nonpayment of premium. I understand that notice will not be given until thirty (30) days after a l.
☐ I designate the following	person(s) to receive notice prior to cancellation of my policy for nonpayment of premium:
Full Name:	
Address:	
Telephone Number:	
I elect not to designate a	any person to receive such notice.
NOTE: A signature is requi questions, or visit www.np	red for this form to take effect. Contact the plan administrator toll free at 1-877-582-0003 with fba.org
Data	

Please do not write in this space Office use only	Date Received:	
	Address Updated:	
	Files Updated:	
- C		