

**DESIGNATION OF BENEFICIARY(IES)
FOR BENEFITS PAID PURSUANT TO
§§ 36-30-1 ET SEQ. OF THE CODE OF ALABAMA**

In the event I am killed, either accidentally or deliberately, while in the performance of my duties; or I die as a result of injuries received while engaged in the performance of my duties; or I die as a direct and proximate result of a heart attack or stroke, or other occupational disease, as defined by state law, I, the undersigned, do hereby designate the following individual(s) as my primary beneficiary(ies) to whom I instruct the State Board of Adjustment, as awarding authority for the benefit payable pursuant to §§ 36-30-1 et seq. of the Code of Alabama (*Compensation for Death of Peace Officers and Firemen*), to pay the total amount of the benefit, in the percentages so designated by me:

1) Name: _____ Relationship: _____

Address: _____
Street or P.O. Box City, State, Zip Code

Date of Birth: _____ Percentage of Benefit to This Beneficiary: _____%

2) Name: _____ Relationship: _____

Address: _____
Street or P.O. Box City, State, Zip Code

Date of Birth: _____ Percentage of Benefit to This Beneficiary: _____%

3) Name: _____ Relationship: _____

Address: _____
Street or P.O. Box City, State, Zip Code

Date of Birth: _____ Percentage of Benefit to This Beneficiary: _____%

I hereby agree on behalf of myself, my heirs and assigns that payment so made by the State Board of Adjustment shall be a complete discharge of the claim and shall constitute a release of the State Board of Adjustment, its board members, designees, and employees from any further obligation on account of the payment of this benefit. **I hereby direct that should I survive the beneficiary(ies) designated above, the amount which otherwise would have been payable to the beneficiary(ies) had he or she been living, shall be paid to my estate or to such other beneficiary(ies) as I shall hereafter designate in writing to my employer.**

Peace Officer/Firefighter Signature: _____ Date: _____

Please have your signature acknowledged before a Notary Public.

STATE OF ALABAMA, COUNTY OF _____

On this ____ day of _____, 20____, before me personally appeared the said named _____ who is known to me and who executed the foregoing *Designation of Beneficiary* and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements made in the *Designation of Beneficiary* are true and correct.

(SEAL) Signature of Notary Public: _____

My Commission Expires: _____

DESIGNATION OF BENEFICIARY INSTRUCTIONS & INFORMATION

This Designation of Beneficiary form is intended to be used by peace officers, firefighters, and volunteer firefighters to direct the payment of the benefit payable pursuant to §§ 36-30-1 et seq. of the Code of Alabama. By use of this form, you may designate up to six beneficiaries. If you so desire, more beneficiaries can be designated by writing in additional beneficiaries with the same information as set out on the form.

For each beneficiary, please print or type, on the appropriate line, the beneficiary's name, relationship to you, mailing address, date of birth, and percentage of the benefit to go to that beneficiary. Please be sure that the total percentages for all designated beneficiary(ies) add up to 100%.

After completion, you must have your signature acknowledged by a Notary Public. Once the Designation of Beneficiary form is completed, signed, and notarized, return it to your personnel office. Once fully executed, give the Designation of Beneficiary(ies) form to your employer to be kept until needed.

Please note:

1. Should no beneficiary be designated, the State Board of Adjustment, as awarding authority, will use its discretion in making the award to dependents, as set out in the Code of Alabama.
2. Should there be a change in your family situation, please be sure to execute a new Designation of Beneficiary(ies) form to reflect the changes.
3. Should there be more than one properly executed Designation of Beneficiary(ies) form be submitted to the State Board of Adjustment with a claim for death benefits, the form executed closest in time to date of death of the peace officer, firefighter, or volunteer firefighter will control the disposition of the benefit by the State Board of Adjustment.
4. As provided in the Designation of Beneficiary(ies) form, should a beneficiary designated in the form die before you, the portion of the benefit payable to the beneficiary will be paid to your estate or to another beneficiary as designated by you in writing to your employer. This can be accomplished by executing a new Designation of Beneficiary(ies) form should a change in beneficiary(ies) be needed or desired by you.