

Harford County, Maryland
Length of Service Award Program
Beneficiary Designation Form
\$5,000 Burial Benefit

Volunteer's Name: Last, First, MI (please print)

Social Security number

This form shall be used to name or change beneficiaries. The primary beneficiary is the person who receives the proceeds from this policy if you die. Complete the information below. Please type or print in ink.

1. You may list one or more primary beneficiaries.
2. Indicate each beneficiary's relationship to you.
3. Indicate the distribution by percentage. If you list more than one beneficiary, the distribution percentages must total 100; for example, 60/40, 50/50, etc.
4. You may list one or more secondary beneficiaries. The secondary beneficiary will receive proceeds from these policies if you and the primary beneficiary both die. Please also indicate each one's relationship to you, and if you name more than one, indicate the distribution percentage for each.
5. If you do not indicate a distribution percentage, each beneficiary will receive an equal share of the benefit.

\$5,000 Burial Benefit - Harford County Code, Chapter 28, Article I, §28-3(F)

Primary Beneficiary(ies)

<i>Name</i>	<i>Relationship</i>	<i>Distribution by %</i>	<i>Address (Street/P.O. Box, City, State, Zip)</i>

Secondary Beneficiary(ies)

<i>Name</i>	<i>Relationship</i>	<i>Distribution by %</i>	<i>Address (Street/P.O. Box, City, State, Zip)</i>

The witness line must be completed. The witness cannot be your beneficiary or a member of your family, and the date of the witness' signature must be the same as yours.

Signature of witness in ink

Witness' name (printed)

Signature date

Signature of volunteer in ink

Volunteer's name (printed)

Signature date

Return completed forms to: Harford County Government; Department of the Treasury; Attn: LOSAP;
220 S. Main Street; Bel Air, MD 21014