



Law Enforcement Benevolent Fund of Northern Virginia

Multi-Jurisdiction Change of Status or Termination Form

www.lawenforcementfund.org

Administered by:
 STARR WRIGHT USA
 FEDERAL EMPLOYEE PROGRAM ADMINISTRATOR

MANDATORY	Name (Previous if changed):		
	Last Name	First Name	Initial
	Employee ID #	Jurisdiction/Agency	
	Signature Forms without signature will not be processed		Today's Date

<input type="checkbox"/>	Name Change	Last, <input type="text"/>	First <input type="text"/>	MI <input type="text"/>
<input type="checkbox"/>	Address Change	Address <input type="text"/>		
		City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

Beneficiary Change: (If any changes to your beneficiaries are made you must list all primary and secondary beneficiaries on this form)

I hereby designate the following person(s) as my beneficiary(ies) for the LEBF **Primary Beneficiary(ies)**: in equal shares or as indicated below

PRIMARY	Name	Last, First, MI	Address	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	<input type="text"/>
	<input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	<input type="text"/>

As shall be living, and if no such Primary Beneficiary is then living, **Contingent Beneficiary(ies)**: In equal shares or as designated below

SECONDARY	Name	Last, First, MI	Address	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	<input type="text"/>
	<input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	<input type="text"/>

<input type="checkbox"/>	Termination	Please note: Membership in the Law Enforcement Benevolent Fund of NoVA (the Fund) is terminated effective the date of termination of an employee from an affiliated member's organization unless the employee completes the necessary payroll deduction card and arranges for continued contributions to the Fund.
	Termination Date <input type="text"/>	