



Law Enforcement Benevolent Fund of Northern Virginia

Administered by:



FEDERAL EMPLOYEE PROGRAM ADMINISTRATOR

Change of Status or Termination Form

www.lawenforcementfund.org

MANDATORY	Name (Previous if changed):		
	Last Name	First Name	Middle Initial
	Jurisdiction/Agency	Employee ID #	
	Signature Forms without signature will not be processed		
			Today's Date
	<input type="checkbox"/> Member terminated without completing form, form completed by agency Director (agency Director signature required above)		

<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 contingent 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	Phone Number	Date of Birth	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name Last, First, MI	Phone Number	Date of Birth	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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:

CONTINGENT	Name Last, First, MI	Phone Number	Date of Birth	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name Last, First, MI	Phone Number	Date of Birth	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/>	Termination	Please note: If dues are paid via the BLEOA or Herndon FOP, 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 arranges for continued contributions to the Fund via payroll deduction.
	Termination Date <input type="text"/>	Termination reason: Retired Resigned Other <input type="text"/>