

Jersey City
Police Officers Benevolent Association

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JERSEY CITY POLICE OFFICERS BENEVOLENT ASOCIATION

POBA BENEFICIARY DESIGNATION CARD

Check only one box. If first box is checked, complete the applicable information.

I request that the proceeds payable at my death be paid to the beneficiary(ies) shown below. Pay proceeds in one sum.

The following person(s) Full Name(s)

Address

I request that the proceeds payable at my death be paid to my estate.
(If this box is checked, no other information is necessary).

Print Name

X _____ Date _____
Signature