

STATE OF DELAWARE

VOLUNTEER FIREMEN'S PENSION PLAN

MEMBER ACTUARIAL INFORMATION

To be completed by Member (Please Print)

1. _____ 2. Soc. Sec. No. _____
Last Name First Name M.I.
3. Address: _____ City/State _____ Zip Code _____
4. Telephone # _____
5. Date of Birth: _____ 6. Gender (Check One): Male _____ Female _____
Month Day Year
7. Marital Status (Check One): Married _____ Single _____ Divorced _____
8. Name of Current Fire Company/Auxiliary: _____
9. Date Joined Fire Service: _____

10. Name of Spouse:

- _____ 11. Soc. Sec. No. _____
Last Name First Name M.I. (Maiden Name)
12. Date of Birth: _____
Month Day Year

DESIGNATION OF BENEFICIARY FOR PAYMENT OF PENSION CONTRIBUTIONS

13. (If more than one name is listed, payment will be divided equally.)

| NAME OF BENEFICIARY | SOC. SEC. # | ADDRESS | RELATIONSHIP | DATE OF BIRTH |
|---------------------|-------------|---------|--------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

14. I hereby certify that all information given is accurate and true to the best of my knowledge and belief.

SIGNATURE OF MEMBER: _____ DATE: _____