



DETECTIVES' ENDOWMENT ASSOCIATION, INC.

26 Thomas Street
New York, NY 10007

DEA ANNUITY FUND

MEMBER INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

TAX ID: _____ SOCIAL SECURITY #: _____ SHIELD #: _____

PRIMARY BENEFICIARY

LAST NAME: _____ FIRST NAME: _____ MI: _____

DOB: _____ SSN: _____ RELATIONSHIP: _____ % TO SHARE: _____

ADDRESS: _____ ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

DOB: _____ SSN: _____ RELATIONSHIP: _____ % TO SHARE: _____

ADDRESS: _____ ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

DOB: _____ SSN: _____ RELATIONSHIP: _____ % TO SHARE: _____

ADDRESS: _____ ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Primary Beneficiary(ies) Total: 0 %

CONTINGENT BENEFICIARY

LAST NAME: _____ FIRST NAME: _____ MI: _____

DOB: _____ SSN: _____ RELATIONSHIP: _____ % TO SHARE: _____

ADDRESS: _____ ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

DOB: _____ SSN: _____ RELATIONSHIP: _____ % TO SHARE: _____

ADDRESS: _____ ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

DOB: _____ SSN: _____ RELATIONSHIP: _____ % TO SHARE: _____

ADDRESS: _____ ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Contingent Beneficiary(ies) Total: 0 %

I designate the people shown above as my beneficiary(ies) and contingent beneficiary(ies). If there is more than one beneficiary or contingent beneficiary, they will share the death benefits according to the percentages identified within this form or all will be paid to the survivor(s). I reserve the right to change this designation at any time.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____