

DEATH BENEFIT PLAN

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender of Applicant: Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

**Mail to:** Frank Weber, Financial Secretary

FOP Lodge #91

c/o 1315 Woodcliff Drive

Monroeville, PA 15146

- If there are any questions please call Frank Weber @ (412) 856-1938 or Henry Wiehagen @ (412) 824-7780