

Police Relief Association



MILWAUKEE POLICE DEPARTMENT
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In accordance with the constitution and by-laws of the Police Relief Association, upon application by the beneficiary and satisfactory proof of the death of a member, who was in good standing, the Board of Trustees shall pay to the beneficiary or beneficiaries named on this form, a sum of money as designated by the principal, per premium paid.

TO: The Board of Trustees of the Police Relief Association of the City of Milwaukee Date: _____

I, the undersigned, a member of the Police Relief Association of the City of Milwaukee, hereby direct that, in the event of my death, all benefits to which I may be entitled from the Police Relief Association be paid to:

Beneficiary Name (last, first, middle)	Social Security Number	Gender (m / f)	Birth Date	Percentage	Relationship	Type (P / S)	Mailing Address and E-Mail Address

Subject to such further disposal of the benefit among my dependents, as I may hereafter direct, or as provided by the constitution and bylaws of the Police Relief Association.

Signature _____ Print Name _____ Date of Birth _____

Address _____ Telephone Number _____

Witness Signature _____ Witness Print Name _____ Witness Signature _____ Witness Print Name _____