

Florida Association of State Troopers Beneficiary Form

Member Name: _____

Home Address: _____

City: _____

State: _____

Zip: _____

Date of Birth: _____

*Social Security Number: _____

Home Telephone: _____

Work Telephone: _____

Beneficiary Name: _____

Relationship to Member: _____

Beneficiary Address: _____

Beneficiary City: _____

Beneficiary State: _____

Ben. Zip: _____

Beneficiary Date of Birth: _____

*Beneficiary Social Security Number: _____

Beneficiary Home Telephone: _____

Beneficiary Work Telephone: _____

NOTARY CLAUSE

STATE OF
FLORIDA
COUNTY OF _____

Member's Signature

BEFORE ME personally appeared _____
who is personally known to me, or has produced _____ as identification, and acknowledged to me the facts contained in the foregoing are true and correct to the best of his/her knowledge, and that said instrument was executed for the purpose therein expressed.

SWORN AND SUBSCRIBED to me this _____ day of _____, 20____.

Notary Stamp or Seal: _____

NOTARY PUBLIC, State of Florida at Large

My commission expires: _____

Typed or printed name of Notary

** You cannot be required to disclose your social security number if you choose not to. However, FAST must submit this information to the insurance company before claims will be processed.*