

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 Pension: _____

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

SIGNATURE OF MEMBER: _____ DATE: _____