

# Iowa State Police Association

## Change of Beneficiary

ISPA Local \_\_\_\_\_

ISP Post \_\_\_\_\_

Date \_\_\_\_\_

I \_\_\_\_\_ the undersigned do hereby designate and specify that the following named persons, in order named, are to be the beneficiaries under my death benefit rights in said Association. It is my intention that if the first named is not living, then the other named beneficiary shall substitute in the order named. *(Please print legibly)*

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City/State/Zip

Signed \_\_\_\_\_

Witness \_\_\_\_\_

Department \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Mail completed form to:**

Iowa State Police Association  
PO Box 108  
Gilbertville, IA 50634

**Email to:** [ispaonline@gmail.com](mailto:ispaonline@gmail.com)