

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 1615
Des Moines, IA 50305-1615

Email to: ispaonline@gmail.com