

Texas Police Trust

1600 State Street Houston, Texas 77007

832-200-3410

www.texaspolicetrust.com

Amount of coverage: Member _____
 Spouse _____
 Child _____

Total Deduction: _____

Beneficiary Designation

	<i>(Name)</i>	<i>(Relationship to Insured)</i>
Primary:	_____	_____
	_____	_____
Contingent:	_____	_____
	_____	_____

If your spouse is not listed as the Primary Beneficiary please have your spouse sign below to indicate consent to the Beneficiary Designation.

Spouse's Signature Date

Witness' Signature Date

This designation will replace any previously completed forms or applications and will remain in effect until revoked or changed in writing or the policy is cancelled. If you name more than one primary or contingent beneficiary, only those living at your death share the proceeds equally, unless you indicate otherwise.

Insured's Printed Name Insured's Signature Date

Payroll Number Social Security Number

Witness Signature Date