

**WISCONSIN PROFESSIONAL POLICE ASSOCIATION
UPDATE BENEFICIARY FORM**

Name _____
Last First Middle

Address _____
Mailing Address City State Zip

Email Address _____

Death Benefit Beneficiary _____
Name Relationship

Address of Beneficiary _____
Mailing Address City State Zip

/s/ _____
Signed Date

For Office Use Only W <input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/>
Member Number
Local Number

Note: This form is not a membership enrollment form. This form is used only to update your beneficiary information.
