

**TOWN OF HUNTINGTON
HUNTINGTON COMMUNITY FIRST AID SQUAD, INC.
VOLUNTEER AMBULANCE SERVICE AWARD PROGRAM
BENEFICIARY DESIGNATION FORM**

Please read all instructions carefully before completing this form to ensure proper designation of your beneficiaries.

This form is intended for naming or changing your beneficiary. Any death benefit from the Service Award Program will be made payable in accordance with the designation provided below. This information will be relied upon to contact the individual(s) in the event that a death benefit is payable. Please keep a copy of this form for your records and complete a new form if any of the information needs to be updated or changed. Please consult with an attorney before naming a minor or your estate as a beneficiary; typically, death benefits cannot be paid directly to a minor. Please complete this form and return it to the sponsoring municipality or volunteer organization.

HUNTINGTON COMMUNITY FIRST AID SQUAD, INC.
2 RAILROAD STREET
HUNTINGTON STATION, NY 11746

PARTICIPANT INFORMATION

Full Name (First, MI, Last)	Social Security No.	Date of Birth	Phone Number / E-mail
			Huntington Community First Aid Squad, Inc.
Mailing Address	City	State Zip	Ambulance Company

BENEFICIARY DESIGNATION

Death benefits are paid in entirety to the surviving primary beneficiaries. Benefits are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. Unless percentages are indicated, death benefits will be made payable in equal amounts. If a beneficiary listed is deceased, the corresponding benefit will be made payable to the remaining beneficiaries within that designation, proportional to the original percentages allocated. If more space is needed, please attach an additional form and label it "Addendum."

PRIMARY

Share (%)	Full Name	Relation	Social Security No.	Date of Birth	Mailing Address
____%	_____	_____	_____	_____	_____
____%	_____	_____	_____	_____	_____
____%	_____	_____	_____	_____	_____

CONTINGENT

Share (%)	Full Name	Relation	Social Security No.	Date of Birth	Mailing Address
____%	_____	_____	_____	_____	_____
____%	_____	_____	_____	_____	_____
____%	_____	_____	_____	_____	_____

PARTICIPANT AND WITNESS SIGNATURES

I hereby name the individuals above as my beneficiaries and declare that this designation supersedes all previous designations.

Participant's Signature	Date
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Witness's Signature	Date
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Witness must be a Notary, or an Official of the Town or Ambulance Company