



Maritime Fire Chiefs Association PO Box 6, Dartmouth, NS, B2Y 3Y2

--BENEFICIARY DESIGNATION FORM--

I _____, in accordance with the rights granted to me as a qualifying member of the Maritime Fire Chiefs' Association, do hereby nominate as Beneficiary thereunder to receive payment in the event of my death:

My Estate

MFCA Training Fund

I further reserve the privilege of changing the Beneficiary herein named at any time or times without the consent of any such beneficiary.

If the Beneficiary named herein above is no longer living, any and all remaining payments shall be made to my executors or administrators, or upon their written request, to any person or persons so designated by them.

This nomination cancels and supersedes any Nomination of Beneficiary heretofore made by me with respect to said Agreement and the right to receive payments thereunder.

Dated: _____

Member's Signature _____

Witness Name (please print): _____

Witness' Signature _____

MFCA use only

Received this _____ day of _____, 20__

Signature: _____