

**THE DELAWARE COUNTY FIREMEN'S ASSOCIATION**  
**OF THE STATE OF PENNSYLVANIA**

**Assignment of Death Benefits Form**

I \_\_\_\_\_ hereby request the

Please Print

Financial Secretary of the Delaware County Firemen's  
Association to assign my Death Benefit to the following:

New Beneficiary: \_\_\_\_\_

Their Address: \_\_\_\_\_

Their City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Their Phone Number: \_\_\_\_\_

Signed by DCFA Member: \_\_\_\_\_

DCFA Member's Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Today's Date: \_\_\_\_\_

DCFA Member's Email Address & Phone Number: \_\_\_\_\_

Please Return to: Delaware County Firemen's

Association P.O. Box 321 Glenolden, PA 19036-0321

Attention: Financial Secretary

P.O. Box 321

Glenolden, PA 19036-0321

[www.dcfra.org](http://www.dcfra.org)



INCORPORATED 1808

INSTITUTED 1811