

CHURCH OF GOD BY FAITH, INC.
2409 Old Middleburg Road N.
Jacksonville, Florida 32210
Office (904) 779-5469 * Fax (904) 779-5399

**Burial League Fund
Change of Beneficiary Form**

(PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY)

MEMBER'S NAME _____

SOCIAL SECURITY # _____ - _____ - _____

I hereby request that my current beneficiary _____
Name

be deleted and add the following person _____
Name

Member's Signature Date Burial League Representative

PLEASE READ CAREFULLY – The original form should be sent to the National Office (address listed above), a copy retained for the local church, and a copy attached to the member's Burial League certificate.

Revised 3/2009

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