



**Georgia State Firefighters Association**  
191 Peachtree Street NE, Suite 700, Atlanta, GA 30303  
770.914.7774  
www.gsffa.org / info@gsffa.org

## Change of Beneficiary Form

I \_\_\_\_\_, a current GSFA member,  
(print name)

am requesting that the association change my beneficiary to:

\_\_\_\_\_  
(print name of new beneficiary)

Date: \_\_\_\_\_

GSFA Member Signature:

\_\_\_\_\_

GSFA Member Mailing Address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip

Return this form to GSFA by mail, fax or email/scan:

GSFA  
191 Peachtree Street NE, SUITE 700  
Atlanta, GA 30303  
fax: 770-914-7773  
email: [info@gsffa.org](mailto:info@gsffa.org)