

ARKANSAS LOCAL POLICE AND FIRE RETIREMENT SYSTEM (LOPFI)

ADDRESS, BENEFICIARY AND/OR NAME CHANGE

Please remember changes can be made through the Member Portal at www.lopfi-prb.com

I, _____ Social Security # _____
 (Print Full Name as Shown on Social Security Card) (Last 4 Digits Only)

Employed by _____ as a _____
 (Name of LOPFI Employer) (Firefighter/Police Officer)

Signature section must be completed to make changes

ADDRESS

1

 Mailing Address

 City State Zip Code

BENEFICIARY

I hereby revoke and cancel my previous nomination of beneficiary and direct LOPFI to pay the accumulated Member contributions standing to my credit in the event of my death before retirement to the person(s) listed below:

Primary Beneficiary:

 (Print Full Name of Primary Beneficiary as Shown on Social Security Card) (Social Security Number of Primary)

 Mailing Address City State Zip Code

2

My _____; Whose Birth Date is _____; Date of Marriage is _____.
 (Relationship to You)

Contingent Beneficiary: (List additional contingent beneficiaries on back)

 (Print Full Name of Contingent Beneficiary as Shown on Social Security Card) (Social Security Number of Contingent)

 Mailing Address City State Zip Code

My _____, Whose Birth Date is _____.
 (Relationship to You)

NAME

I hereby request that my name be changed to: _____

Print New Full Name as Shown on Social Security Card¹

Reason for Change:

_____ Marriage²

_____ Divorce³

_____ Adoption⁴

¹ Must send copy of Driver's License or Birth Certificate and Social Security Card with updated name.

² Must send copy of marriage license.

³ Must send copy of divorce decree.

⁴ Must send copy of court-approved adoption documents.

SIGNATURE (Not valid without both signatures)

(Legal Signature of Member)

(Cell, Home, Work, Other - please circle)

(Signature of Witness - *anyone of your choosing*)

(Date)

Send completed original to: (faxes not accepted)

LOPFI
620 W. 3rd, Suite 200
Little Rock, AR 72201-2223