Employee # _____
(LOPFI Use Only)

Arkansas Local Police and Fire Retirement System (LOPFI)
Change of Address, Change of Beneficiary and Change of Name

I, _____ Social Security # _____
(Print Full Name)

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

****Section 4 must be completed to make changes**

---

1) CHANGE OF ADDRESS/NEW ADDRESS

_____
Street

_____
City State Zip Code

---

2) BENEFICIARY CHANGE SECTION

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

_____ _____
(Print Full Name of Primary Beneficiary) (Social Security Number of Primary)

_____
Street City State Zip Code

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

Contingent Beneficiary:

_____
Print Full Name Relationship Date of Birth Social Security Number

_____
Street City State Zip Code

CONTINUED ON BACK

3) NAME CHANGE

Do Hereby Request that My Name Be Changed To: _____
(Print Full Name)

Reason for Change: _____ Marriage _____ Divorce _____ Adoption

---

**4) SIGNATURE SECTION (Not valid without both signatures)

_____
(Signature of Member)

_____
(Signature of Witness)

_____
(Date)

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