

Seattle Police Relief Association  
Beneficiary Designation

Seattle Police Relief Association  
11030 E. Marginal Way S, Tukwila, WA 98168  
(206) 726-9095, email [spra@reliefassociation.org](mailto:spra@reliefassociation.org)

I, \_\_\_\_\_, am a member of the Seattle Police Relief Association, Inc., (SPRA) and as such a member, I possess death benefits as defined in Article V of the SPRA by-laws.

Upon my death the SPRA is authorized to pay the appropriate death benefit to \_\_\_\_\_, my \_\_\_\_\_.

If spouse, please include her/his date of birth: \_\_\_\_\_.

In the event the aforementioned beneficiary precedes me in death, the Association is directed to pay the appropriate death benefit to \_\_\_\_\_, my \_\_\_\_\_.

Signed: \_\_\_\_\_

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

Member's address: \_\_\_\_\_

\_\_\_\_\_

Member's phone: \_\_\_\_\_

Beneficiary's address/phone, if different from above: \_\_\_\_\_

\_\_\_\_\_