St. Louis Metropolitan Police Department REQUEST TO START OR STOP DUES / FEES

For Police Department Employees Only (650 or 652)

olice Department Payroll Office use only. **The information on this form was forwarded to the St. Louis Police Officer's Association on/ This form was forwarded to the Comptoller's Office Payroll Section on/	PRINT	EMPLOYEE NAME SOCIAL SECUR	rity number		
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Change will be made effective the first pay period after form is received.	Payroll Supervisor or Designee Date				
	Chan	ge will be made effective the first pay period after	er form is rece	eived.	

NAME:	S.S.N				
I, the undersigned, being a member of the St. Louis Police Leadership Organization, hereby designate:					
NAME OF BENEFICIARY	RELATIONSHIP	DATE OF BIRTH			
		Section and the section of the secti			
as beneficiary, in place of the beneficiary or beneficiaries heretofore named. The right is reserved to revoke this designation and to substitute another beneficiary or beneficiaries subject to all the conditions of the St. Louis Police leadership Organization by-Laws.					
If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) to survive the Member, unless otherwise provided herein.					
If no designated beneficiary survives the me unless otherwise provided.	ember, settlement will be made	to the estate of the Member,			
I hereby agree that the copy of my signature appearing on this form, shall be accepted as my signature and I further agree to the below described conditions of this designation.					
		ě			
SIGNATURE OF DISINTERESTED WITH	NESS SIGNAT	URE OF MEMBER			
DATE		DATE			
DATE		DILLD			

ACTIVE

The member named on this form is entitled by the By-Laws of the St. Louis Police Leadership Organization to a death benefit of \$2,000,00 payable to the designated beneficiary upon submission to the Organization of a certified copy of the member's death certificate.

Assistance in filing for this benefit can be obtained by contacting the Organization at (314) 353-2407.

To change beneficiaries, contact the Organization.

EMERITUS (Retired)

The member on this form is entitled by the By-Laws of the St. Louis Police Leadership Organization to a death benefit of \$500.00 payable to the designated beneficiary upon submission to the Organization of a certified copy of the member's death certificate.

Assistance in filing for this benefit can be obtained by contacting the Organization at (314) 353-2407.

To change beneficiaries, contact the Organization.