



Lowcountry Constables Association

Allendale - Bamberg – Barnwell – Beaufort - Berkeley – Calhoun
Charleston – Colleton – Dorchester – Hampton – Jasper - Orangeburg



Beneficiary Designation Statement

Member Name: _____ Member# _____

Single Beneficiary:

Name: _____ Relation: _____

SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Contingent Beneficiary:

Name: _____ Relation: _____

SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Other – Explain fully:

I understand that this Beneficiary Designation Statement will be used for any policies currently in standing and will be applicable to any further increase in benefit including Worker’s Compensation, unless otherwise changed by the individual.

MEMBER SIGNATURE: _____ DATE: _____