

CHANGE FORM



PLEASE COMPLETE FORM AND RETURN TO NHSFA

Name of Individual Completing This Form:

Name of Department:

Date:

Add New Member

Change Member Information

Cancel Membership

Member Has Retired

Full Name:

E-Mail:

Address:

Membership Status: Part-Time Career Call Volunteer

Phone Number:

Gender:

Male

Female

Date Of Birth:

Primary Beneficiary 1:

Primary Beneficiary 2:

Primary Beneficiary 3:

Contingent Beneficiary 1:

Contingent Beneficiary 2:

Contingent Beneficiary 3:

*The primary beneficiary is the first person to receive the beneficiary.
The contingent is only if the primary is not able to receive the beneficiary.*

Please email completed form to secretary@nhsfa.org
or mail to NHSFA PO Box 10512 Bedford, NH 03110