

Junior Volunteer Applicants

Please follow the below instructions:

Step 1: Complete the application provided in this packet in its entirety. (Disclosing salary information is optional and not required)

Step 2: Submit the completed application and the following documents to the Administrative Assistant (Mrs. Bobbijo Pennington) at Fire/Rescue Headquarters Company 1, located at 8122 Kings Highway, King George, VA 22485. Submit the application and all documentation at the same time. Enclosed are the following documents that should be received.

- **King George County Volunteer Application**
- **Parental/Legal Guardian Release Form**
- **School Permission Form**
- **Copy of Current Report Card**
- **DMV Information Request Form**
- **Personal Reference Form**
- **Copy of Shot Record**
- **Loyalty Oath (Notary required)**
- **Personnel Data Form**
- **Computer use Policy**
- **Beneficiary Designation Form**
- **Copies of any Fire/EMS Certifications**
- **Beneficiary Designation for Accident & Sickness Policy Form**

King George County

10459 Courthouse Drive, Suite 200

King George, Virginia 22485



To ensure proper evaluation of the application, it is essential that all of the following questions be answered carefully and completely.

EEOC Policy Statement.

King George County has a continuing commitment to ensure that fair and equal employment opportunities are extended to all qualified persons without regard to race, color, religion, sex, national origin, age, disability, or veteran status.

**Equal Opportunity Employer
M/F/D/V**

Volunteer

Co _____

Date:

Applications will remain active for 3 months from date of application.

PERSONAL INFORMATION

Last Name

First Name

Middle Name

Present Mailing Address (Street or P.O. Box , City, State and Zip Code)

Telephone Numbers

Home:

Alt #:

Email:

Do you have relatives employed at King George?

Yes No

Have you worked for this County in the past?

Yes No Department

What Department?

Name when employed:

Do you have a valid driver's license? Yes No

Chauffeur's License? Yes No

Drivers License #:

Chauffeur's License #:

Issuing State:

Expiration Date:

Have you ever been convicted of a felony? Yes No

If yes, state name of offense, date, location and explain.

Are you legally eligible for employment in the U.S.A.? Yes No

In yes, indicate place of Birth:

U.S. MILITARY RECORD

Service Branch

Date Entered

Date Discharged

Initial Rank

Final Rank

Briefly describe your military duties:

List any special training or skills received:

Any special commendations or recognition?

Are you a member of the Active Reserve? Yes No

If yes, which branch:

Equal Opportunity Employer

EDUCATION			
	Name and Location	Graduate? – Degree?	Major/Subject of Study
High School			
College/Univ.			
Other Education			

Please list Professional Memberships, Certifications, Licenses, Honors, Fellowships, etc.:

SKILLS

List kinds of equipment you can operate and any additional skills you have.

EMPLOYMENT AND VOLUNTEER HISTORY (Indicate those employees you do not wish to be contacted)

Include Military (M), Full (FT), Part-time (PT), Temporary/Seasonal (TS) and Volunteer Service (VS). This information will be used to evaluate your experience with the qualifications required for the position applied for and should be complete and accurate. Resume may be attached for additional information but will not be used to evaluate your qualifications. Indicate reason for leaving employment (i.e. resigned, dismissed, temporary work completed).

WORK EXPERIENCE (List most recent employer first)

Job Title:		Employer:		Dates Employed:	
Supervisor:		Address:		From:	To:
Salary:		Job Status: M <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TS <input type="checkbox"/> VS <input type="checkbox"/>			
Start:	Per:	Number of hours worked per week:			
Final:	Per:				
Description of Duties:					
Reason for Leaving:					

Job Title:		Employer:		Dates Employed:	
Supervisor:		Address:		From:	To:
Salary:		Job Status: M <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TS <input type="checkbox"/> VS <input type="checkbox"/>			
Start:	Per:	Number of hours worked per week:			
Final:	Per:				

Equal Opportunity Employer

WORK EXPERIENCE (cont'd)			
Description of Duties:			
Reason for Leaving:			
Job Title:	Employer:	Dates Employed: From:	To:
Supervisor:	Address:	Telephone Number:	
Salary: Start: Final:	Per: Per:	Job Status: M <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TS <input type="checkbox"/> VS <input type="checkbox"/>	
Description of Duties:		Number of hours worked per week:	
Reason for Leaving:			
Job Title:	Employer:	Dates Employed: From:	To:
Supervisor:	Address:	Telephone Number:	
Salary: Start: Final:	Per: Per:	Job Status: M <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TS <input type="checkbox"/> VS <input type="checkbox"/>	
Description of Duties:		Number of hours worked per week:	
Reason for Leaving:			

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I authorize my former employers, schools and personal references to provide any information they may have regarding me, whether or not it is on their records. I hereby release them and their company from all liability for divulging same. I understand that all statements made are open to investigation by King George County, and that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time during the period of my employment, and I agree to hold King George County and persons herein blameless in that event.

If employment is obtained under application I will comply with all rules and regulations of King George County. I agree to be responsible for County property and equipment issued me by the County. Further, I understand and agree that my employment is for no definite period of time and may, regardless of date of payment of my salary, be terminated at any time by the County.

Signature _____

Date _____

APPLICANT MUST SIGN LAST PAGE

Equal Opportunity Employer

**King George County
Department of Fire, Rescue & Emergency Services
Parental/Legal Guardian Release Form**

I, _____ do hereby give my permission for my child, _____ to participate in the Junior Program of the King George County Department of Fire, Rescue & Emergency Services. I acknowledge that we (my child and I) have received, read, and agree to abide by the rules and regulations of this program outlined in the department policy. I will allow my child to participate in any and all adult supervised activities within the department, understanding fully that there are inherent risks associated with riding emergency vehicles and responding to emergency calls.

I understand that my child will have insurance coverage including Workers Compensation while participating as a Junior member.

I understand that by signing this form I, the Parent/Guardian, will be financially responsible for any and all issued equipment that is lost, stolen, or damaged due to neglect, abuse, or misuse.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Phone #

**King George County
Department of Fire, Rescue & Emergency Services
School Permission Form**

To whom it may concern;

The King George County Department of Fire, Rescue & Emergency Services operates a Junior Program for the purpose of training young people between the ages of 16 to 18 years of age in the sciences of Fire Suppression, Rescue, and Emergency Medical Services. The individual listed below is applying for membership in our Junior Program at this time and needs your support in his/her training program. A parental/legal guardian permission form is also required and has been provided to the applicant. All Junior members must maintain a "C" average (at minimum) in every subject in order to remain in this program. Additionally, suspension or disciplinary action received from the school shall also result in suspension or disciplinary action from this program. Your assistance in this matter is greatly appreciated.

Name of Student: _____

School Principal

I hereby give my permission for the above named student to enroll in the King George County Department of Fire, Rescue & Emergency Services Junior program for the purpose of Fire, Rescue and Emergency Medical Services training.

Principal Signature: _____

Printed Name: _____

Name of School: _____

Telephone Number: _(_____) _____

INFORMATION REQUEST

CRD 93 (03/20/2008)

CCC USE ONLY

Fee	\$
Add Fee	\$

Purpose: Use this form to request driving or vehicle information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION				
REQUESTER NAME (last) Pennington	(first) Bobbjo	(mi)	(suffix)	ORGANIZATIONAL AFFILIATION (if any) KGF&R
STREET ADDRESS 8122 Kings Hwy.			TELEPHONE NUMBER (540) 775-8900	
CITY King George	STATE VA	ZIP CODE 22485	FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*	
USE AGREEMENT NUMBER (if applicable)			ACCESS CODE (if applicable)	
REASON FOR REQUEST (be specific) Volunteer Applicant Volunteer / Career Monitor List				
I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I further certify that the information I have requested with this form will be used only for the stated purpose.				
REQUESTER SIGNATURE				DATE (mm/dd/yyyy)

INFORMATION REQUESTED			
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for each type of information requested.			
<input checked="" type="checkbox"/> PERSONAL INFORMATION FOR SUBJECT (Includes name and address)			
SUBJECT NAME (print) (last)	(first)	(mi)	(suffix)
STREET ADDRESS			
CITY	STATE	ZIP CODE	
<input checked="" type="checkbox"/> DRIVING RECORD INFORMATION FOR SUBJECT (Includes license history and conviction data)			
DRIVER LICENSE NUMBER	or	BIRTH DATE (mm/dd/yyyy)	
An authorization from subject is required for employers and others not authorized by Virginia code.			
I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.			
SUBJECT SIGNATURE			DATE (mm/dd/yyyy)
<input type="checkbox"/> VEHICLE INFORMATION (Includes vehicle description and registration data)			
VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR	
<input type="checkbox"/> ACCIDENT REPORT			
DRIVER NAME	DRIVER LICENSE NUMBER	ACCIDENT DATE (mm/dd/yyyy)	

* Required by the State Comptroller for debt set-off collection purposes in accordance with Virginia Code §§2.1-196, 2.1-731, 2.1-734, et al.

<input type="checkbox"/> OTHER INFORMATION (Be specific)

DMV CUSTOMER SERVICE CENTER USE ONLY		
Proof of Requester's Identification <input type="checkbox"/> Valid Driver's License Number _____ <input type="checkbox"/> Other Photo Identification _____	Proof of Requester's Organization Affiliation <input type="checkbox"/> Request on Organization Letterhead Stationery <input type="checkbox"/> Business Card from Organization <input type="checkbox"/> Law Enforcement Badge Number _____ <input type="checkbox"/> Other _____	
If referred to Headquarters to Fill Request, Complete: CSR Name _____ CSC Name (not CSC number) _____	Remarks/CSR Stamp <div style="border: 1px solid black; height: 50px;"></div>	Fee Charged <div style="border: 1px solid black; padding: 5px; text-align: center;">\$</div>

Personal References Form

Please provide the contact information for three (3) personal references who are not related to you.

1. Name: _____

Home Phone #: _____ Cell Phone #: _____

Alternate Phone #: () _____

Address: _____

Notes: (Office use area): _____

2. Name: _____

Home Phone #: _____ Cell Phone #: _____

Alternate Phone #: () _____

Address: _____

Notes: (Office use area): _____

3. Name: _____

Home Phone #: _____ Cell Phone #: _____

Alternate Phone #: () _____

Address: _____

Notes: (Office use area): _____

Loyalty Oath

This oath is pursuant to the Emergency Services and Disaster Laws of Virginia §44-146.55. Certain persons not to be employed or associated in emergency services organizations; loyalty oath required.

“No person shall be employed or associated in any emergency services organization established under this chapter who advocates or has advocated a change by force or violence in the constitutional form of government of the United States or in this Commonwealth or the overthrow of any government in the United States by force, or violence, or who has been convicted of, or is under indictment or information charging any subversive act against the United States. Each person who is appointed to serve in an organization for emergency services shall, before entering upon his duties, take an oath, in writing, before a person authorized to administer oaths in this Commonwealth, which shall be substantially as follows:”

I, _____
(Full name)

do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the Commonwealth of Virginia, against all enemies foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

And I do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States or of this State by force or violence and that during such time as I am a member of the King George County, Department of Emergency Services, I will not advocate, nor become a member of any political party or organization that advocates the overthrow of the Government of the United States or of this State by force or violence.

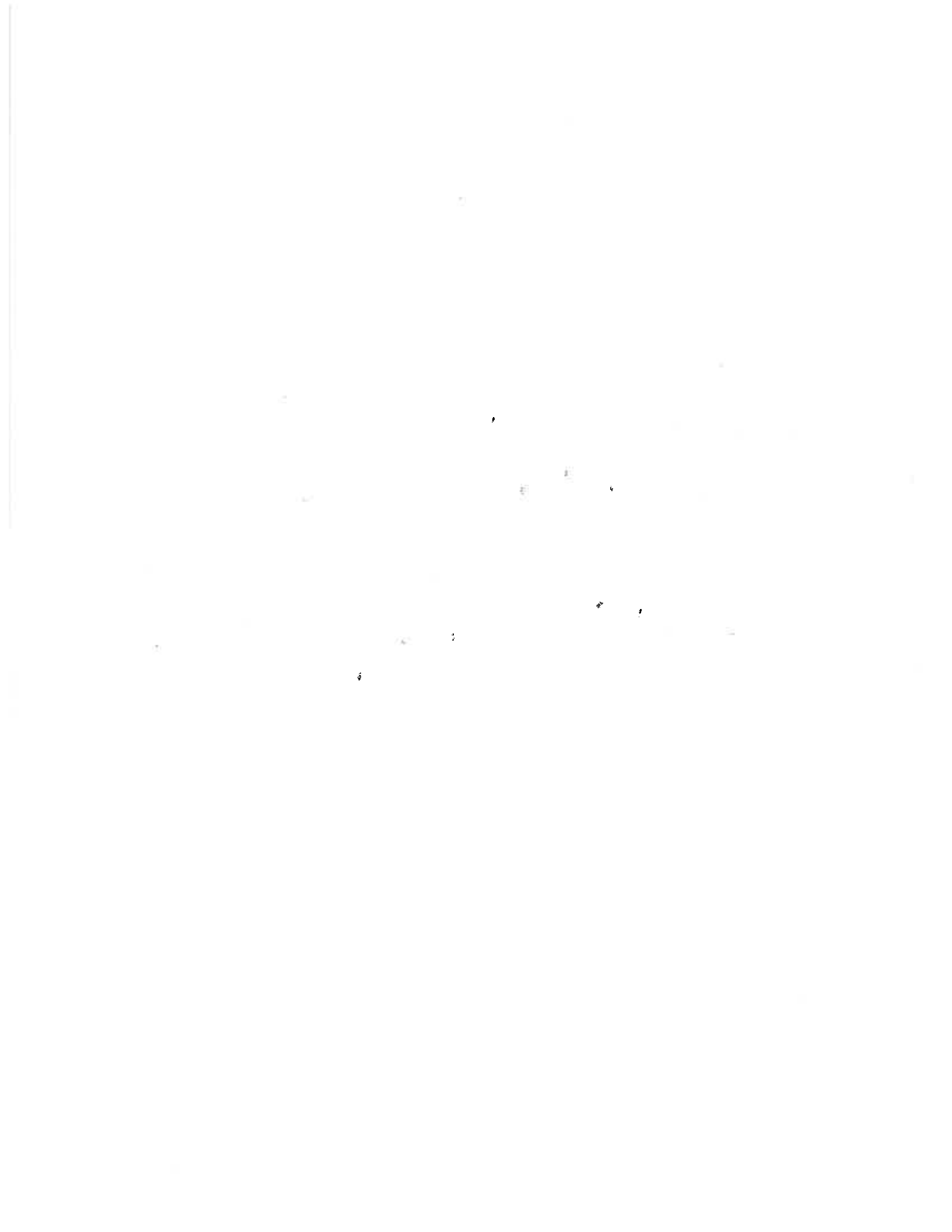
I the undersigned Applicant do hereby swear (or affirm) that the information supplied herein is true and complete, to the best of my knowledge and belief.

(Signature of Applicant – **must be signed in front of Notary**)

County of King George
Commonwealth of Virginia

Acknowledged and Sworn to before me this _____ day of _____, 20

(Signature of Notary, Clerk, or Deputy Clerk)



CONFIDENTIAL

King George County Department of Fire Rescue & Emergency Services

Employee/Member Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Driver's License Number & State of Issue: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: () _____

Employment Information (Workers Comp. Purposes)

Title: _____ Employee ID: _____

Supervisor: _____ Radio Designation: _____

Work Location: _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Start Date: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

E-Mail Address _____

KING GEORGE COUNTY COMPUTER SYSTEMS AND INTERNET USE POLICY

PURPOSE

King George County provides computer systems, including access to the Internet, to facilitate resource and information sharing, innovation and communication. The Board of Supervisors intends that the computer systems be used: (1) for the purposes of work, communication or research consistent with the Board of Supervisors' objectives; (2) for legitimate County business; and (3) in accord with the mission or administrative function of the County. This policy sets forth the standards to which users must adhere in their use of the County's computer systems.

EXEMPTIONS

The privacy waiver provisions of this Policy do not apply to those computer systems otherwise protected by law, including but not limited to the secure records of the offices of the Clerks of Court, the Sheriff's Office, the Office of the Commonwealth's Attorney, Treasurer, Commissioner of the Revenue and Registrar. No portion of this policy applies to those computer systems used for law enforcement purposes by the Offices of the Sheriff and/or Commonwealth's Attorney.

SCOPE

This Policy applies to all County and department and agency employees who have access to any King George computer system. All users of the County's computer systems have the responsibility to use this system in a considerate, ethical, and lawful manner.

PRIVACY WAIVER

Any person using any County computer system acknowledges that they have no expectation of privacy whatsoever in any matter connected with such use. They further hereby unconditionally waive any privacy interest in any such work or material and consent to monitoring and/or search of such use and/or work without process, suspicion or notice.

DEFINITION

"Computer systems" means: hardware, software, data communication lines and devices, terminals, printers, CD-ROM devices, tape drives, servers, mainframe and personal computers, the Internet and other internal or external networks, and data compilations of any kind generated from any computer system.

"Account" means: the authorization to access computers or networks owned, leased or maintained by the County or accessed utilizing County assets.

GOVERNING PRINCIPLES

The Board of Supervisors has chosen to govern the use of King George County's computer system through the establishment of this policy. The County's computer systems are not public fora. Violations of any of the provisions of this policy may result in disciplinary action, including

but not limited to, the following: loss of accounts, loss of access, suspension or termination of employment, or legal action.

POLICY

I. RESPONSIBILITIES

A. Use of Accounts

All accounts established by the County are the property of King George County. The County authorizes the use of the accounts for specific purposes. Since accounts have real value, attempts to circumvent the account, system, to use the accounts of others without authorization, or to use accounts for other than their intended purposes are all forms of theft or misappropriation of public resources and shall be deemed a violation of this policy. An authorized user of an account may not use the account for personal gain, disclose its password, or otherwise make the account available to others who have not been authorized to use the account.

B. Integrity of the Network and Operating Systems

Users shall not utilize programs that harass other users of the facility, infiltrate the systems and/or damage the software or hardware components of the system. Since all users depend on the availability and integrity of the network systems, defects discovered in systems accounting or systems security shall be reported to the appropriate systems administrator so that steps can be taken to investigate and solve the problem. Use of the electronic communication facilities to send fraudulent, harassing, obscene, indecent, profane, threatening, or intimidating messages is prohibited. Use of the electronic communications facilities to receive, review, or download obscene, indecent, profane, or illegal messages or materials is prohibited. Intentional damage of the systems is prohibited.

C. Privacy of Other Users

Users shall not intentionally seek or provide information on, obtain copies of, or modify data files or programs belonging to other users without appropriate authorization. Attempts to gain unauthorized access to information of others without their permission will be treated as a violation of this policy. Unauthorized searching through directories to find unprotected information likewise is a violation. Systems Administrators will respect the privacy of accounts. Users, when requested, shall cooperate with Systems Administrators in investigations of systems abuse.

D. Use of Facilities and Equipment

Each network site has rules and regulations that govern the use of equipment and facilities at that site. Violation of facility rules and regulations shall be deemed a violation of this policy. Each site has operators, consultants, and/or supervisors who have been given the responsibility to supervise the use of that site. Users shall cooperate with site supervisors at all times.

II. ADMINISTRATION AND ENFORCEMENT

A. The County's computer systems are not public fora. The County computer systems are not for personal use.

B. Any communication or materials located on, disseminated through or used in conjunction with the computer systems, including electronic mail or other files deleted from a user's account, may be monitored or read by County officials, without notice to or recourse by the user.

C. Use of the computer systems for research and communication purposes is a privilege, not a right. Administrators, supervisory personnel, department heads, and other employees may be required to meet qualifications for use of the computer systems for continued employment.

D. The failure of any employee to follow the terms of this policy or any accompanying regulation may result in loss of computer systems privileges, disciplinary action, and/or appropriate legal action.

E. King George County is not responsible for any information that may be lost, damaged, or unavailable when using the computer systems or for any information retrieved via the Internet. Furthermore, King George County will not be responsible for any unauthorized charges or fees resulting from access to the computer systems.

F. All use of King George County's computer systems shall be consistent with the Board of Supervisors' goal of promoting excellence by facilitating resource sharing, innovation and communication.

III. AUTHORIZATION OF USE

Each administrator, department manager, supervisor or employee whose duties include authorizing employees or volunteers to use of the computer systems, shall ensure that these regulations have been discussed with the employee or volunteer prior to authorizing the use.

IV. COMPUTER SYSTEMS USE – TERMS AND CONDITIONS

A. The following terms and conditions apply to any and all users of the County's computer system:

1. **Acceptable Use:** Use of the County's computer system shall be: (1) for the purposes of work, communication or research; (2) consistent with the Board of Supervisors' policies; and (3) for legitimate County business.

2. **Privilege:** The use of the County's computer systems is a privilege, not a right. The County has agreed to extend this privilege to include certain limited personal use. Personal use of the County's computer systems shall be limited to those times and places that do not interfere with the ability to perform your job and do not interfere with or endanger the workings of the County and the computer systems themselves.

3. **Unacceptable Use:** Each user is responsible for his or her actions on the computer systems. Prohibited conduct includes:

- Using the network for any activity which results in a violation of copyright, license agreement or contract;
- Transmitting, sending, receiving, viewing or downloading any material in violation of any federal, state or local law;
- Using the computer systems for private financial or commercial gain;

- Knowing and intentional waste of systems resources, such as file space;
- Gaining unauthorized access to resources or entities within or without the County systems, or any form of hacking;
- Posting material authorized or created by another without his or her consent;
- Using the computer systems for commercial or private advertising;
- Submitting, posting, publishing or displaying any obscene, profane, threatening, illegal, or other inappropriate material via the computer systems;
- Using the computer systems without authorization, or while access privileges are suspended or revoked;
- Vandalizing the computer systems, including destroying data by creating or spreading viruses or by other means.

4. **Network Etiquette:** Each user is expected to abide by generally accepted rules of etiquette, including the following:

- Be polite;
- Users shall not forge, intercept or interfere with e-mail messages;
- Use appropriate language. The use of obscene, lewd, profane, threatening or disrespectful language is prohibited;
- Users shall not post personal contact information about themselves or others;
- Users shall respect the computer systems' resource limits;
- Users shall not post chain letters or download large files;
- Users shall not use the computer systems to disrupt others;
- Users shall not read, modify or delete data owned by others;
- Users shall not use the e-mail accounts of others without their consent.

5. **Liability:** The Board of Supervisors makes no warranties for the computer systems it provides. The Board of Supervisors shall not be responsible for any damages to the user from use of the computer systems, including loss of data, non-delivery or missed delivery of information, or service interruptions. The County denies any responsibility for the accuracy or quality of information obtained through the computer systems.

6. **Security:** Computer system security is a high priority for the County. If any user identifies a security problem, the user shall notify the systems administrator immediately. All users shall keep their passwords confidential and shall follow computer virus protection procedures.

7. **Charges:** The County assumes no responsibility for any unauthorized charges or fees as a result of using the computer systems, including telephone or long-distance charges.

Signature of Volunteer

Date



Arch Insurance Company

Beneficiary Designation Form

Use this form to designate a beneficiary(ies) for your Accidental Loss of Life Benefit Amount. See page 2 for important information on choosing beneficiary(ies). Complete a new form if you want to designate a new or additional beneficiary(ies).

Insured Information

Insured Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Daytime Telephone Number _____

Beneficiary Information

I am: (Please check appropriate box.)

Designating a beneficiary(ies) for the first time Changing a previous designation

Primary Beneficiary(ies) Full Name (Last, First, MI)	Address	Birth Date	Social Security	Relationship to	Share %

Contingent Beneficiary(ies) Full Name (Last, First, MI)	Address	Birth Date	Social Security	Relationship to	Share %

Authorization

For the beneficiary designation(s) I have indicated, I understand that if one of my primary beneficiaries is not living when the benefit is paid, the amount will be divided equally among any remaining beneficiaries. I also understand that no amount will be paid to a contingent beneficiary as long as at least one of my primary beneficiaries is living. I understand that I must complete a new Beneficiary Designation Form if I want to change or revoke my beneficiary designation.

Insured Signature _____ Date _____

Please make a copy of this form for your records and return the original.
(over)

Authorization

Designate a primary and contingent beneficiary for insurance coverage. Refer to the sample wording below for guidance. A contingent beneficiary receives payment in the event the primary beneficiary dies before you do. If you want more than one person to be your beneficiary, please indicate the percentage of the benefit each one should receive (must add up to 100%). If a beneficiary dies before you, his or her benefits will be shared equally among any remaining beneficiaries. Attach a separate signed and dated sheet of paper if you need more space. If you have a change in your family status (such as marriage; divorce; or the birth of a child), you may want to update your beneficiary designations.

Sample Beneficiary Designations

Type of Beneficiary	Sample Wording
One beneficiary.....	Doe, John A.; Birthdate; SSN; Husband; 100%
Two beneficiaries.....	Doe, Mary A.; Birthdate; SSN; Mother; 50% Doe, Rich B.; Birthdate; SSN; Father; 50%
Two beneficiaries in unequal shares.....	Doe, Amy J.; Birthdate; SSN; Mother; 75% Doe, Mark F.; Birthdate; SSN; Father; 25%
Three or more beneficiaries in unequal shares.....	Doe, Paul A.; Birthdate; SSN; Father; 75% Doe, James B.; Birthdate; SSN; Brother; 25% Doe, Jaclyn C.; Birthdate; SSN; Sister; 25%
Mark Doe, trustee under trust agreement; Jane Doe Revocable Trust; xxx Main Street; Any Town, State 00000; Dated Month day, year; and amendments or supplements thereto. Any payment to the trustee shall discharge the Plan from any and all liability to the extent of such payment.	

If your beneficiary designations do not fit within the tables on the front of this form, feel free to write the appropriate designation(s) on a separate sheet of paper. Sign and date the separate sheet and attach it to this form.

- All beneficiary designations must be legible and written in ink.
- The beneficiary's name must always be shown in full (Last; First; MI), and the relationship to you must be stated.
- If the designated beneficiary is not related to you, the relationship should be "friend."
- The beneficiary section should never contain corrections or crossed-out words.
- The beneficiary designation should be specific. It should not include wording such as "either/or" ; and/or."
- Your right to designate a beneficiary is subject to applicable state law.

Note: For specific legal implications regarding beneficiary designations, contact your attorney.