

FORM A

DEATH BENEFIT PLAN APPLICATION

PLEASE PRINT OR TYPE

NAME \_\_\_\_\_

SOC SEC # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLEASE CHECK TYPE OF MEMBERSHIP:

Squad \_\_\_\_\_

Assoc Unit \_\_\_\_\_

Sustaining \_\_\_\_\_

Associate \_\_\_\_\_

Individual \_\_\_\_\_

SQUAD/ORGANIZATION \_\_\_\_\_ How long have you been a member? \_\_\_\_\_

PRIMARY BENEFICIARY \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

1<sup>ST</sup> CONTINGENT BENEFICIARY \_\_\_\_\_ RELATION \_\_\_\_\_

(Receives benefit if primary beneficiary predeceases applicant)

ADDRESS: \_\_\_\_\_

2<sup>ND</sup> CONTINGENT BENEFICIARY \_\_\_\_\_ RELATION \_\_\_\_\_

(Receives benefit if primary & 1<sup>st</sup> contingent predecease applicant)

ADDRESS \_\_\_\_\_

Witness \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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This section for squad use only:

I verify above applicant is in good standing with \_\_\_\_\_ as of

\_\_\_\_\_

Name of Squad

Date

\_\_\_\_\_

Signature of Captain/President

\_\_\_\_\_

Date

Squad Contact \_\_\_\_\_

Phone

# \_\_\_\_\_

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**NOTE: NEW MEMBER FEE: \$3.00**

Rev 04/96