

Death Benefit Plan Application

Please Print

This application is for: _____ a new member
_____ name/address/beneficiary change

Full Name: _____

Social Security Number: _____ Birthdate: _____

Home Mailing Address: _____

Squad Affiliation: _____

Primary Beneficiary (First Choice)

Full Name: _____ Relationship: _____

Mailing Address: _____

Contingent Beneficiary (Second Choice)

Full Name _____ Relationship: _____

Mailing Address: _____

X _____
Witness

X _____
Signature of Applicant

Date

I certify that the above applicant is in good standing with the:

_____ as of _____
Squad Date

X _____
Officer Signature

_____ Title

_____ Date

ENCLOSE CHECK MADE OUT TO: AARS BENE FUND @\$3.00 PER MEMBER