

# 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