

Application/Renewal of Membership and Designation of Beneficiary

Special Agents Insurance Fund

Charles S. Ross Fund

The purpose of the Special Agent Insurance Fund is to provide immediate funds to the designated beneficiary(ies) of any active Special Agent who is a member of the Fund and who dies from any cause. (Payment will be made for death by self-destruction after the Agent has been a member of the Fund for a continuous period of two years.) Upon the death of any Special Agent who is a member of said Fund, the Fund will pay to the designated beneficiary(ies) the sum of \$30,000. The liability of the Fund shall not under any circumstances exceed the amount of monies in the Fund at the time any liability shall occur. When minor children are designated as beneficiaries, payment may be delayed until a legal guardian is appointed. All administrative and operational matters pertaining to the Fund are pursuant to the Bylaws of the Special Agents Insurance Fund (see MAOP, Part 1, Section 16-12-1).

I elect to enroll in the Special Agents Insurance Fund and enclose the sum of \$20 for membership which provides a death benefit in the amount of \$30,000. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said Fund.

I decline membership in the Special Agents Fund. However, I have listed my beneficiary(ies) for the Charles S. Ross Fund below.

Official Bureau Name *(type or print)*

Soc. Sec. No.

Office or Division

SA

Special Agents Insurance Fund ¹

The following person(s) is designated as my beneficiary(ies) under the Special Agents Insurance Fund:

Primary Beneficiary

Name *(use given first name if female)*

Relationship

Spouse Parent
 Child(ren) Other

Address *(if different than Agent)*

Contingent Beneficiary

Name *(use given first name if female)*

Relationship

Spouse Parent
 Child(ren) Other

Address *(if different than Agent)*

Special Agents Insurance Fund ¹

Do you desire to designate the above-listed beneficiaries as the primary beneficiary and contingent beneficiary respectively for the Charles S. Ross fund? Yes No If not, the entire following portion must be executed.

The following person(s) is/are designated as my beneficiary(ies) under the Charles S. Ross Fund should I be killed in the line of duty.

Primary Beneficiary

Name *(use given first name if female)*

Relationship

Spouse Parent
 Child(ren) Other

Address *(if different than Agent)*

Contingent Beneficiary

Name *(use given first name if female)*

Relationship

Spouse Parent
 Child(ren) Other

Address *(if different than Agent)*

Date

Signature