

SCVFA Death Benefit Fund
P.O. 192, Mahanoy City, PA 17948

- New Application - Change of Information
(please print)

Company: _____ Town: _____

I, Name: _____ DOB: _____ SSN: _____

Address: _____

being a member of the above association directs that any sum or sums of money due me under the By-Laws of said Death Benefit Fund, at my death shall be payable to:

Beneficiary: _____ Relationship: _____

WITNESS my hand and seal this _____ day of _____ (month & yr.)

(witness)

(witness)

Applicant's Signature: _____

DUES ARE \$2.00 ANNUALLY.

SCVFA Death Benefit Fund
P.O. 192, Mahanoy City, PA 17948

- New Application - Change of Information
(please print)

Company: _____ Town: _____

I, Name: _____ DOB: _____ SSN: _____

Address: _____

being a member of the above association directs that any sum or sums of money due me under the By-Laws of said Death Benefit Fund, at my death shall be payable to:

Beneficiary: _____ Relationship: _____

WITNESS my hand and seal this _____ day of _____ (month & yr.)

(witness)

(witness)

Applicant's Signature: _____

DUES ARE \$2.00 ANNUALLY.