

Widows and Orphans Aid Association

Designation of Beneficiary

Member Information

Member Name:

Mailing Address:

City:

State:

Zip Code:

email address:

Phone: ()

Birthdate:

Gender:

Date of Assignment:

Date of Retire:

Primary Beneficiary:

Relationship:

Name:

Mailing Address:

City:

State:

Zip Code:

email address:

Phone: ()

Secondary Beneficiary:

Relationship:

Name:

Mailing Address:

City:

State:

Zip Code:

email address:

Phone: ()

Include any additional beneficiary information on back side of this form

As a member in good standing of the Widows and Orphans Aid Association, I designate the above beneficiary to receive all benefits granted as specified in the Article IV of the Constitution and By-Laws of the Association.

Signature of Member:

Date:

Signature of Witness (WOAA Trustee/Officer or Notary Public REQUIRED):

Date:

Filed by Treasurer:

Date

Notes/Comments: