



# Past OLA Girls Association

North America, Inc.

P.O. Box 631

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New York, NY 10108-0631

<https://www.poganorthamerica.org/>

## **BENEFICIARY FORM**

Name: \_\_\_\_\_: \_\_\_\_\_: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

DOB (MM/DD): \_\_\_\_\_

Tel #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### ***Emergency Contacts:***

#### ***A. USA***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel #/Email: \_\_\_\_\_

#### ***B. Outside USA***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

MI: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel #: \_\_\_\_\_

### **Beneficiary(ies):**

1. Name: \_\_\_\_\_ Tel #: \_\_\_\_\_ %  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Tel #: \_\_\_\_\_ %  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Tel #: \_\_\_\_\_ %  
\_\_\_\_\_

4. Name: \_\_\_\_\_ Tel #: \_\_\_\_\_ %  
\_\_\_\_\_

**TOTAL = 100%**

I, \_\_\_\_\_, have given this declaration that in the event of my death, the beneficiary(ies) listed above will benefit from any entitlements due me as a member of POGA-NA.

Member's Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_