



MEMBERS' FUNDS TRANSMITTAL REPORT
COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS'
& RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

PART A. MEMBER REPORT (PLEASE PRINT)

Transmittal Information

Department/Squad Name: _____ **Location/County:** _____

Check the appropriate box: No changes since last transmittal New members since last transmittal (checked below)
 Change(s) in membership Change(s) in contribution amount(s)

Member Information

Deletions from Membership

| Name | Social Security Number |
|------|------------------------|
| | |
| | |
| | |
| | |

Page _____ of _____
(Attach additional pages if required.)

Report Totals

Subtotal (if additional pages are attached): \$ _____

Total funds transmitted with this report: \$ _____

PART B. DEPARTMENT/SQUAD CERTIFICATION

I certify the information above is correct and that the members of the designated Department/Squad are eligible to participate in the VOLSPAP Fund.

Authorized Signer's Printed Name

Date

Authorized Signer's Title

Phone Number

Authorized Signature

Send completed form and one check to: Principal Custody Services

(Must be a department or squad check)

**Principal Custody Solutions/VOLSAP
510 N. Valley Mills Dr., Suite 400
Waco, TX 76710**

Email questions to:
volsap@usi.com