



APPLICATION FOR MEMBERSHIP COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

PART A. MEMBER INFORMATION

2. Name (First, Middle Initial, Last)		
3. Address (Street, City, State and ZIP+4)		
4. Social Security Number	5. Date of Birth	6. Phone Number
7. Department/Squad Information <input type="checkbox"/> Fire <input type="checkbox"/> Rescue Department/Squad Name: _____ Location/County: _____ Date Service Began with this Department: _____		

Beneficiary: Unless otherwise indicated on VOLSAP Form 4, the beneficiary shall be the member's spouse. If none, the member's living children equally; if there are no children, the member's heirs-at-law as may be determined by the VOLSAP Board, or the member's estate, if it is administered and there are no heirs, or such other beneficiary(ies) as the member may name on a form prepared by the board, signed by the member and filed in a manner prescribed by the board.

Check here if Beneficiary Election Change Form (VOLSAP-4) is attached.

PART B. MEMBER CERTIFICATION (Check appropriate box)

- Initial enrollment in the VOLSAP Fund. (Requires completed membership application and quarterly contribution.)
- Prior member applying to rejoin. (Requires completed membership application and quarterly contribution. An administrative fee of \$25 will be deducted from the member's account.)
- Prior member in good standing who notified the board of discontinuance of contributions, applying to rejoin. (Requires completed membership application and quarterly contribution; no administrative fees deducted.)

Important: Membership is effective on the date this application and contribution are received in good order by the Plan Administrator. Funds are invested within five days of the end of the quarter. If credit for any prior service with a department is desired, the Application to Purchase Prior Service (VOLSAP-3) must be completed. Contributions must be kept current. Members who become six months delinquent will forfeit their membership.

Member Signature

Date

PART C. DEPARTMENT/SQUAD CERTIFICATION

I certify the above-named applicant is a current member of the department/squad named above and is eligible to become a member of the VOLSAP Fund.

Authorized Signer's Printed Name

Date

Authorized Signer's Title

Phone Number

Authorized Signature

Send completed form and contributions to:

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

Email questions to:
volsap@usi.com