

Gift of Membership



Lifetime membership with AAFMAA Financial Advisors (AFA) courtesy of Coast Guard Mutual Assistance (CGMA)

Please complete and return to AFA. PRINT clearly in blue or black ink.

1. SERVICE MEMBER			For office use
Name (Last, First MI)		Social Security Number	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Place of Death

2. MILITARY SERVICE			
Present Rank/Grade	Date of Promotion (mm/dd/yyyy)	Previous Rank/Grade	Date of Previous Promotion (mm/dd/yyyy)
Date of Initial Entry into Military Service (DIEMS)	Pay Entry Base Date (PEBD) (mm/dd/yyyy)	Active Duty Basic Date (ADBD) (mm/dd/yyyy)	
Status <input type="checkbox"/> Active Duty <input type="checkbox"/> Reservist/Guard on Active Duty	Combat Related/Combat Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Career Status Bonus (CSB) <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. SPOUSE			
Name (Last, First MI, Title)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (mm/dd/yyyy)
Date of Marriage (mm/dd/yyyy)	Address (Street, City, State ZIP)		
Phone	Email		
Did you have 2009 gross income (excluding survivor benefits) of more than \$14,160? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4. CHILDREN (born/adopted to service member who are living with spouse)			
Name (Last, First MI)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (mm/dd/yyyy)
Name (Last, First MI)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (mm/dd/yyyy)
Name (Last, First MI)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (mm/dd/yyyy)
On the reverse side of this form are listed: <input type="checkbox"/> Additional children living with spouse <input type="checkbox"/> Children not living with spouse			

5. CASUALTY ASSISTANCE OFFICER		
Name (Last, First MI)	Location	
Phone	Fax	Email

6. AUTHORIZATION (Please read Privacy Policy on reserve side of this form before signing.)	
I accept this gift of membership into AAFMAA Financial Advisors (AFA) courtesy of Coast Guard Mutual Assistance (CGMA). I understand that this information will be kept strictly confidential and will not be provided to any other organization without my consent.	
Signature of Spouse	Date Signed (mm/dd/yyyy)

CGMA0710

If you need additional spaces for children or custodians, please photocopy this page and include with this application.

4b. ADDITIONAL CHILDREN (born/adopted to service member who are living with spouse)			
Name (Last, First MI)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (mm/dd/yyyy)
Name (Last, First MI)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (mm/dd/yyyy)
Name (Last, First MI)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (mm/dd/yyyy)
Name (Last, First MI)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (mm/dd/yyyy)

4c. PARENT/CUSTODIAN (of children born/adopted to service member who are NOT living with spouse)			
Provide the following information about the parent/custodian with whom the children are living.			
Name of Custodian (Last, First MI)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (mm/dd/yyyy)
Address (Street, City, State ZIP)			
Email		Phone	
List the children living with this parent/custodian			
Name (Last, First MI)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (mm/dd/yyyy)
Name (Last, First MI)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (mm/dd/yyyy)
Name (Last, First MI)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (mm/dd/yyyy)

AAFMAA Privacy Policy

AAFMAA procures various services from non-affiliated third parties to provide member services. Protecting the personal information of our members is an important consideration in our relationship with them. Information disclosed may include spouse's and children's names, contact information, birth dates, Social Security numbers, SBP election, VA claims, DD214 record information, and information to help file claims on other insurance policies for the deceased. All service providers must agree to comply with stringent security and privacy policies and procedures. AAFMAA may also disclose personal information to government agencies and regulatory organizations as permitted or required by law. If you have questions regarding AAFMAA's Privacy Policy, contact AAFMAA's Secretary at 800-522-5221, ext 502 or email info@aafmaa.com.