



# BENEFICIARY INFORMATION

ADVENTIST VOLUNTEER SERVICE

[www.adventistvolunteers.org](http://www.adventistvolunteers.org)

## BENEFICIARY INFORMATION

*This section identifies who receives benefits of Insurance coverage if Volunteer should die during approved term of service.*

Volunteer Name		Date of Birth (Day/Month/Year)
Primary (first) Beneficiary		Relationship to Volunteer
Contingent Beneficiary (in case primary beneficiary dies first)		Relationship to Volunteer
Signature	Date	Signature of Parent/Guardian of Volunteer*

\*Release must be signed instead by a parent or guardian if Volunteer is a minor in his/her place of residence.

## INSURANCE INFORMATION

*If spouse and/or children are accompanying volunteer, please complete the following:*

Spouse Name	Date of Birth (Day/Month/Year)
Child Name	Date of Birth (Day/Month/Year)
Child Name	Date of Birth (Day/Month/Year)
Child Name	Date of Birth (Day/Month/Year)



When completed, return to Applicant's Home Division Volunteer Coordinator: