

Acceptance of CGMA's Gift of Membership in AFSC & Information Release Form

Coast Guard Mutual Assistance (CGMA), a non-Federal entity, is offering to sponsor a lifetime gift of membership in the Armed Forces Services Corporation (AFSC) for you (the surviving spouse and/or children) at no cost to your family. To accept CGMA's unique gift of membership in AFSC, please complete the following information and fax the form to Commandant (CG-1222) at (202) 475-5927 or by mail to: Commandant (CG-1222), U.S. Coast Guard, 2100 2nd Street, S.W., Washington, DC 20593-0001. This information will be used to calculate and project the government survivor benefits for the surviving family members. A benefits printout will be returned to you reflecting the family's projected integrated stream of lifetime survivor benefits (i.e. Survivor Benefit Plan; Social Security; Veterans Affairs Dependency and Indemnity Compensation; and Veterans Affairs Dependent Education Benefits).

This information will be kept strictly confidential and will only be for the use of the family and AFSC. It will not be provided to any other organizations or used for any other purpose.

DECEASED SERVICE MEMBER'S INFORMATION

Name: _____ SSN: _____
Date of birth: _____ Date of death: _____ Status: Active duty Reservist/National Guard
on active duty
Present rank/grade: _____ Date of promotion: _____ Previous rank/grade: _____ Date of previous promotion: _____
DIEMS date: _____ PEBD: _____ ADBD: _____
Combat Related/Combat Area: yes no Received Career Status Bonus (CSB): yes no
Is the surviving spouse working and earning more than \$12,480 per year in gross income (Do not include survivor benefits)?: yes no
(Surviving spouse's work and income status impact social security benefits. This information is needed to accurately compute entitlements)

FAMILY DATA

Address (*Street, City, State, and Zip Code*): _____
Phone #: _____ Email address: _____
Date of marriage: _____ Spouse SSN: _____

<u>Name</u>	<u>Date of birth</u>	<u>Living with another parent (was not in custody of deceased)</u>	<u>Name of custodian</u>
Spouse: _____	_____	N/A	N/A
Child: _____	_____	<input type="checkbox"/> yes	_____
Child: _____	_____	<input type="checkbox"/> yes	_____
Child: _____	_____	<input type="checkbox"/> yes	_____
Child: _____	_____	<input type="checkbox"/> yes	_____

I hereby authorize release of our family information to the Armed Forces Services Corporation and Coast Guard Mutual Assistance. Additionally, I accept CGMA's gift of membership in the Armed Forces Services Corporation.

Signature of surviving spouse

Date

Contact AFSC at 1-888-237-2872 (email info@afsc-usa.com) if you have questions concerning the requested information or gift of membership.

CACO (name & location): _____ Phone # _____ Fax#: _____
Email: _____ Updated Jan 2007