



BENEFICIARY INFORMATION

ADVENTIST VOLUNTEER SERVICE

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: