



Life Insurance Policy Beneficiary Form

FREE \$2,000 LIFE INSURANCE

As a benefit of membership, every SLOCEA members receives a **FREE** \$2,000 life insurance policy. This insurance is completely **FREE** to you. The only requirement is that you fill out this beneficiary form and return it to SLOCEA.

Take advantage of this “members only” benefit. Return this beneficiary form to SLOCEA by:

- Mail to 1035 Walnut Street, San Luis Obispo 93401
- Fax to 805-543-4039
- Email to info@slocea.org

If you have any questions, please contact us at 543-2021

Return to SLOCEA
1035 Walnut, San Luis Obispo, CA 93401

PLEASE COMPLETE FOR FREE LIFE INSURANCE

As a member of SLOCEA, you are provided with a basic life insurance policy. This policy is **FREE** of charge to all SLOCEA members. In order to maintain accurate records, please complete the following information and return it to SLOCEA by mail or fax (805-543-4039).

PLEASE PRINT ALL INFORMATION

Your Name: _____ Your SS#: _____

Street Address: _____ Your Phone #: _____

City / Zip: _____ Your Date of Birth: _____

Personal email address: _____

Name of Beneficiary: _____ Relationship to You: _____

Your Signature: _____ Date: _____