

# ENROLLMENT FORM

I desire to be enrolled in the Oklahoma Ministers Benevolence Fund of the Oklahoma District Council of the Assemblies of God as indicated by my signature below:

## PERSONAL INFORMATION

Check One:     Ordained     Licensed     Certified     Spouse

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street Address, Route, or Box Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PRIMARY BENEFICIARY INFORMATION

Beneficiary (Full Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address, Route, or Box Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

## ADDED BENEFICIARIES

Beneficiary (Full Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Beneficiary (Full Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## FOR OFFICE USE ONLY

Date of Enrollment \_\_\_\_\_ Check Number \_\_\_\_\_

OMBF Account # \_\_\_\_\_

Oklahoma Ministers

Benevolence Fund

