

Family Defender Retired Application Form

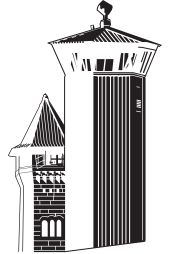
1. Print-out this form.
2. Fill out application.
3. Sign and Date the form.
4. Mail your application to:

CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200

Sacramento, CA 95833-4235

www.ccpoabtf.org



Fold down and seal to return mail

Application **CCPOA Family Defender Program**

Retired

CCPOA Benefit Trust Fund 1-800-468-6486

Full Name (print):	Birthdate:	SSN (Last 4):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	State:	ZIP:
Phone:	E-mail:		
<input checked="" type="checkbox"/> Program Selection at current monthly rate (Check One)		<small>I hereby authorize the CalPERS to deduct from my salaries and wages the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by the California Correctional Peace Officers Association (CCPOA). This authorization will remain in effect until cancelled by me or by CCPOA. I certify that I am a retired member of CCPOA and understand that termination of CCPOA membership will cancel all deductions made under this authorization.</small>	
<input type="checkbox"/> The CCPOA Family Defender Program \$13.99/mo Excludes Legal Defense Fund Benefits			
Signature of Applicant: X		<h1>RETIRED</h1>	
		Date of Application:	

Fold up and seal to return mail

We've Got You Covered.

1-800-In-Unit-6

1-800-468-6486

NO TOWERS? NO TRUST



A C C E P T N O S U B S T I T U T E S



CCPOA Benefit Trust Fund
2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-9978

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UNITED STATES

