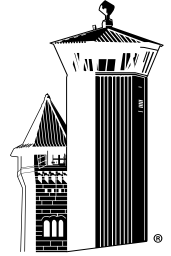


# Family Defender Retired Application Form

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](http://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:		

- Program Selection** at current monthly rate (Check One)
- The CCPOA Family Defender Program \$13.99/mo**
- Excludes Legal Defense Fund Benefits

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.

Signature of Applicant:

X

RETIRED

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

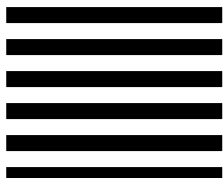


CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, CA 95833-9978



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