

# BRENT HATCHER BENEVOLENT FUND

A fund for active firefighters, ensuring that surviving families will receive \$1,000 in the event of your death or the death of a member firefighter. Cost is \$20 per year; membership year runs January 1st to December 31st. A great way for Locals or Auxiliaries to provide for fellow members of the fire service family. Apply today.

## APPLICATION - BRENT HATCHER BENEVOLENT FUND

*Please type or print all information*

### **PERSONAL INFORMATION** *DESIGNATION OF BENEFICIARY*

Name \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Fire Department \_\_\_\_\_ Hire Date \_\_\_\_\_ Station Phone \_\_\_\_\_  
Place of Employment outside Fire Dept. \_\_\_\_\_ Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Fax/other \_\_\_\_\_  
Spouse \_\_\_\_\_ Contact Number \_\_\_\_\_  
Spouse Workplace \_\_\_\_\_ Address \_\_\_\_\_  
Number of Children \_\_\_\_\_ Ages \_\_\_\_\_  
1st Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_  
Address and phone \_\_\_\_\_

*In the event the 1st beneficiary predeceases you, please select a 2nd beneficiary*

2nd Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_  
Address and Phone \_\_\_\_\_  
Method of payment: Check \_\_\_\_\_ Money Order \_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_  
Have you ever been a member of the Fund? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_  
If yes, with what Department \_\_\_\_\_

*I have been furnished a copy of the terms of the fund, and I agree with the terms of the fund.  
Please enroll me in the Brent Hatcher Benevolent Fund.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*I attest that this person is currently a member of the above named Fire Department.*

Fire Chief Signature \_\_\_\_\_ Phone \_\_\_\_\_

*Make check payable and mail to: OSFA Brent Hatcher Fund, 2716 N.E. 50th St., OKC, OK 73111*