



Mail to: SAMBA, 11301 Old Georgetown Road, Rockville, MD 20852-2800 • (301) 984-1440 • 1-800-638-6589

SPECIAL AGENTS' BENEFIT ASSOCIATION (SABA)
BUREAU OF ALCOHOL, TOBACCO, FIREARMS, AND EXPLOSIVES
BENEVOLENT FUND ENROLLMENT AND/OR CHANGE FORM

Member Information (Please Print or Type):

Name of SABA-ATF Member: \_\_\_\_\_

Mailing Address: \_\_\_\_\_
STREET

CITY

STATE

ZIP

SSN: \_\_\_\_\_ Sex: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Email: \_\_\_\_\_

Field Office: \_\_\_\_\_ Field Division: \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Please check the appropriate box(es) and mail to SAMBA with your full assessment payment.

[ ] I wish to enroll for membership in the SABA-ATF BENEVOLENT FUND as a New Enrollment (within 13 months of my date of hire).

[ ] \*I wish to Reinstate my former membership in the SABA-ATF BENEVOLENT FUND.

[ ] \*I wish to enroll for membership in the SABA-ATF BENEVOLENT FUND as a Delayed Enrollment (beyond 13 months of my date of hire).

[ ] I wish to make a Change to my Designation of Beneficiary under the SABA-ATF BENEVOLENT FUND. (I have completed the Change of Beneficiary section attached to this form.)

\*I hereby understand that application in this category requires approval of the SABA Governing Board and submission of all assessments not paid during the term of eligibility accompany this application.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

SABA-ATF GOVERNING BOARD AND SAMBA OFFICIAL USE ONLY

Approval of the Governing Board to enroll a Delayed Enrollment or to Reinstate a Former Member.

Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR SAMBA USE ONLY

Date added to SAMBA System: \_\_\_\_\_ By: \_\_\_\_\_ Check No: \_\_\_\_\_ Amount: \_\_\_\_\_



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SPECIAL AGENTS' BENEFIT ASSOCIATION (SABA)  
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**BENEVOLENT FUND BENEFICIARY FORM**

When enrolling or requesting a change of beneficiary for your SABA-ATF Benevolent Fund, you (the insured Special Agent) must complete the SABA-ATF Beneficiary Form. Please fill out this form so that it fully and accurately describes your request. List the full name, relationship to the insured and date of birth of the beneficiary(ies).

The primary beneficiary designated by a member shall be a natural person or natural persons. Estates, Trusts and minors shall not be designated as the primary beneficiary. A change of beneficiary designation form must be executed to change beneficiaries. A change in beneficiary, to be valid, must be delivered and recorded in the SAMBA office prior to the death of the member.

The signature of your spouse is required if you reside in one of the Community Property States (**ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON, OR WISCONSIN**).

**Name of SABA-ATF Member:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**PRIMARY BENEFICIARY(IES):** (In equal shares or as designated below.)

Full Name and Address	% of Proceeds	Relationship to Insured	Date of Birth
<b>TOTAL</b>	<b>100%</b>		

As shall then be living, and if no such beneficiary is then living  
**CONTINGENT BENEFICIARY(IES):** (In equal shares or as designated below.)

Full Name and Address	% of Proceeds	Relationship to Insured	Date of Birth
<b>TOTAL</b>	<b>100%</b>		

Signature of SABA-ATF Member/Insured Special Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse of SABA-ATF Member (Required only in Community Property States) \_\_\_\_\_ Date \_\_\_\_\_

Recorded by Authorized SAMBA Representative \_\_\_\_\_ Date \_\_\_\_\_