

CGMA Forms

A. General

The following forms have been adopted for use by CGMA:

CGMA 1	Quick Loan Application
CGMA 5	CGMA Application for Assistance
CGMA 6	CGMA Application for Disaster Assistance
CGMA 6a	CGMA Application for Conversion of Disaster Loan into a Grant
CGMA 7	CGMA Application for CGMA Layette
CGMA 8	Application for CGMA Stafford/PLUS Loan Fee Reimbursement
CGMA 10	Application for CGMA Supplemental Education Grant (SEG)
CGMA 11	CGMA Application for Education Loan
CGMA 15	CGMA Budget Form
CGMA 16	Pre-Authorization Form
CGMA 17	CGMA Disapproval/Appeal Statement
CGMA 20	Representative Information and Certification Form
CGMA 20a	Assistant Representative Information and Certification Form
CGMA 21	Relief of Representative or Assistant Representative Audit Form
CGMA 22	CGMA/NFCC Agreement
CGMA 22a	CGMA Letter of Introduction
CGMA 22b	Counselor Recommendation Form
CGMA 41	Cash Contribution Form
CGMA 42	Memorial Contribution Form
CGMA 43	Active Duty Contribution Allotment Authorization Form
CGMA 44	Civilian Employee Contribution Allotment Authorization Form
CGMA 45	Retired Contribution Allotment Authorization Form
CGMA 47	Securities Contribution Form
CGMA 52	CGMA Check
CGMA-AAFMAA	Gift of Membership Application Form
HUD-1	Settlement Statement
00-35-2653NSBW	Bank of America Corporate Signature Card

A copy of each form is to follow this page.

B. Additional Information

See section 6-C for information on obtaining, securing and accountability of forms.

Contact the CGMA-HQ Director of Administration or Executive Director if changes are needed to the list of forms or any specific form. (See paragraph 2-D-2 for CGMA-HQ contact information.)

CGMA

QUICK LOAN APPLICATION

Instructions for completion: Applicants are to complete Sections A and B, read Section C and sign the application for assistance. Submit the completed, signed application to your Commanding Officer/OIC for approval. Once approved, deliver to the nearest CGMA Representative for processing. **Please type or print all entries.**

Section A – CGMA CLIENT INFORMATION

1. Name: Last		First	M.I.	2. Rank/Rate/Grade		3. Social Security No.		4. Employee ID No.	
5. Home Address: Street		Apt. No.	City	State	Zip Code	6. E-Mail Address			
7. Status:		<input type="checkbox"/> Regular Active Duty Member <input type="checkbox"/> Reserve Member Recalled to Active Duty				8. Telephone No: Home () -			
9. Present Unit:		OPFAC #		10. Telephone No: Work () - ext					
11. Date of Birth (MM/DD/YYYY)		12. Years of Service		13. Anticipated date of Separation (MM/DD/YYYY)					
/ /				/ /					
14. Family members for whom you furnish more than one-half support (list additional dependents on a separate sheet if necessary)									
Name: Last		First	M.I.	Relationship to CGMA Client			Age (if dependent child)		

Section B – ASSISTANCE REQUESTED

15. Type of Assistance Requested		16. Amount of Assistance Requested		17. Requested Monthly Repayment Amount	
Loan Only		\$		\$	
I need this assistance because...					

Section C – APPLICANT'S CERTIFICATION

Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check the facts surrounding this request including my credit and employment history. I understand that any misstatement of fact is grounds for denial of this request. I understand and agree that my signature constitutes voluntary consent to collection of the debt, or any remainder thereof, from my final pay upon separation or retirement from the armed forces. I understand that I am responsible for any unpaid balance and that any delinquent unpaid balance may be referred to a collection agency and may affect my credit.

I hereby authorize the U.S. Coast Guard to supply CGMA with any requested information contained in my official Coast Guard personnel and pay files in connection with this assistance. I further authorize the U.S. Coast Guard, or any agency, to supply my latest home address to CGMA whenever requested. I understand that CGMA is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, may be provided by CGMA to the Coast Guard when deemed necessary. This form, with attachments, will be placed in the CGMA Representative's unit file.

I certify that I do not have an existing CGMA loan balance and that I have not had more than one Quick Loan in the past year.

Applicant's Signature _____ **Date** ____/____/____

Section D – Commanding Officer/OIC Approval

I have reviewed this request for a Quick Loan and I approve.

Signature _____ Date ____/____/____
 Typed or Printed Name _____ Unit _____

CGMA

APPLICATION FOR ASSISTANCE

Instructions for completion: All applicants are to complete Sections A and C, read Section D and sign the application for assistance. Additionally, applicant must complete Section B when the CGMA client is not available. Return the completed, signed application along with supporting documentation and, when required, a completed CGMA Budget Form (CGMA Form 15) to the nearest CGMA Representative for processing. **Please type or print all entries.**

Section A – CGMA CLIENT INFORMATION

1. Name: Last		First	M.I.	2. Rank/Rate/Grade		3. Social Security No.		4. Telephone No: Home	
						- -		() -	
5. Home Address: Street			Apt. No.	City	State	Zip Code	6. E-Mail Address		
7. Status: (Indicate prior status if CGMA Member is deceased)								8. Check Box if Client is deceased	
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> CGES <input type="checkbox"/> PHS								<input type="checkbox"/>	
<input type="checkbox"/> Other (Describe)									
9. Present Unit: (if applicable)					OPFAC #		10. Telephone No: Work		
							() - ext		
11. Date of Birth (MM/DD/YYYY)		12. Years of Service		13. Anticipated date of Separation (MM/DD/YYYY)		14. Date Retired (MM/DD/YY)			
/ /				/ /		/ /			
15. Family members for whom you furnish more than one-half support (list additional dependents on a separate sheet if necessary)									
Name: Last		First	M.I.	Relationship to CGMA Client		Age (if dependent child)			

Section B – APPLICANT INFORMATION

To be completed if the applicant is not the CGMA Client (i.e. spouse, widow (er) or other authorized family member)

16. Name: Last		First	M.I.	17. Social Security Number.		18. Relationship to Client		19. Power of Attorney?		20. Pre-Authorization Form	
				- -				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Home Address and phone number (if different from that of the CGMA Client)											
Street			Apt. No.	City	State	Zip Code	Home Phone				
							() -				

Section C – ASSISTANCE REQUESTED

22. Type of Assistance Requested		23. Amount of Assistance Requested		24. Requested Monthly Repayment Amount	
<input type="checkbox"/> Loan <input type="checkbox"/> Grant		\$		\$	
Reason assistance is needed (attach additional pages if necessary)					

Section D – APPLICANT'S CERTIFICATION

Everything that I have stated in this application and attached documents is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check the facts surrounding this request including my credit and employment history. I understand that any misstatement of fact is grounds for denial of this request. I understand and agree that my signature constitutes voluntary consent to collection of the debt, or any remainder thereof, from my final pay upon separation or retirement from the armed forces. I understand that I am responsible for any unpaid balance and that any delinquent unpaid balance may be referred to a collection agency and may affect my credit.

I hereby authorize the U.S. Coast Guard to supply CGMA with any requested information contained in my official Coast Guard personnel and pay files in connection with this assistance. I further authorize the U.S. Coast Guard, or any agency, to supply my latest home address to CGMA whenever requested. I understand that CGMA is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, may be provided by CGMA to the Coast Guard when deemed necessary. This form, with attachments, will be placed in the CGMA Representative's unit file.

Applicant's Signature _____

Date ____/____/____

CGMA

APPLICATION ENDORSEMENTS

A command endorsement is required for requests for assistance from active duty members, civilian employees and Reserve members who are not stationed at the same unit as the CGMA Representative. Auxiliary members must obtain an endorsement from their flotilla commanders. CGMA may request additional endorsements when deemed necessary.

SUPERVISOR

I have reviewed this request for assistance and recommend: Approval Disapproval
My recommendation is based on the following:

Signature _____ Date / /

Typed or Printed Name _____ Unit _____

COMMANDING OFFICER/OIC/FLOTILLA COMMANDER

If the client is an Auxiliary member, is he/she an ACTIVE participant in Flotilla activities? Yes No
I have reviewed this request for assistance and recommend: Approval Disapproval
My recommendation is based on the following:

Signature _____ Date / /

Typed or Printed Name _____ Unit/Flotilla _____

CGMA REPRESENTATIVE

I have reviewed this request for assistance and recommend: Approval Disapproval (CGMA Form 17 required)
My recommendation is based on the following:

Signature _____ Date / /

Typed or Printed Name _____ Unit _____

CGMA – APPLICATION FOR DISASTER ASSISTANCE

Instructions for completion: All applicants are to complete Sections A and C, read Section D and sign the application for assistance. Additionally, applicant must complete Section B when the CGMA client is not available.

Section A – CGMA CLIENT INFORMATION

1. Name: Last			First	MI	2. Rank/Rate/Grade		3. Social Security #		4. Home Phone #	
							- -		() -	
5. Home Address: Street					Apt. No.	City	State	Zip Code	6. E-Mail Address	
7. Status: (Indicate prior status if CGMA Member is deceased)										
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> CGES <input type="checkbox"/> PHS <input type="checkbox"/> Other _____										
8. Present Unit: (if applicable)							OPFAC #		9. Work Phone #	
									() - Ext	
10. Date of Birth (MM/DD/YYYY)			11. Years of Service		12. Anticipated date of Separation (MM/DD/YYYY)			13. Date Retired (MM/DD/YY)		
/ /					/ /			/ /		
14. Family members for whom you furnish more than one-half support (list additional dependents on a separate sheet if necessary)										
Name: Last			First	MI	Relationship to CGMA Client			Age (if dependent child)		

Section B – APPLICANT INFORMATION (To be completed if the applicant is not the CGMA Client (spouse, child, etc.))

15. Name: Last			First	MI	16. Social Security #		17. Relationship to Client		18. Power of Attorney?		19. Pre-Authorization Form	
					- -				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Home Address and phone number (if different from that of the CGMA Client)												
Street					Apt. No.	City	State	Zip Code	Home Phone #			
									- () -			

Section C – DISASTER ASSISTANCE REQUESTED

21. Type of Assistance Requested		22. Total Amount of Assistance Requested		23. Requested Monthly Repayment Amount	
Interest-Free Loan Only		\$		\$ Minimum Amount For Paygrade	
I need these funds immediately for the following items:					
<input type="checkbox"/>	Food	\$ _____	<input type="checkbox"/>	Clothing	\$ _____
<input type="checkbox"/>	Household Appliances	\$ _____	<input type="checkbox"/>	Temporary Emergency Home Repairs	\$ _____
<input type="checkbox"/>	Transportation Expense	\$ _____	<input type="checkbox"/>	Other _____	\$ _____
(Use back of form for additional information.)					
I understand that this is a loan and that repayment is being delayed for three months (longer if necessary). I also understand that I may separately request to have this loan converted into a grant and that any request for conversion will be based in part on my ability to repay, my financial situation at the time of the request, and the purpose of the loan. Funds lent as a bridge until insurance and/or other entities reimburse me for expenses will not normally be considered for conversion.					

Section D – APPLICANT'S CERTIFICATION

Everything that I have stated in this application and attached documents is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check the facts surrounding this request including my credit and employment history. I understand that any misstatement of fact is grounds for denial of this request. I understand and agree that my signature constitutes voluntary consent to collection of the debt, or any remainder thereof, from my final pay upon separation or retirement from the armed forces. I understand that I am responsible for any unpaid balance and that any delinquent unpaid balance may be referred to a collection agency and may affect my credit.

I hereby authorize the U.S. Coast Guard to supply CGMA with any requested information contained in my official Coast Guard personnel and pay files in connection with this assistance. I further authorize the U.S. Coast Guard, or any agency, to supply my latest home address to CGMA whenever requested. I understand that CGMA is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, may be provided by CGMA to the Coast Guard when deemed necessary. This form, with attachments, will be placed in the CGMA Representative's unit file.

Applicant's Signature _____

Date ____/____/____

CGMA - Application for Conversion of Disaster Loan into a Grant

Section A – CGMA CLIENT INFORMATION

1. Name: Last First MI			2. Rank/Rate/Grade		3. Social Security #		4. Home Phone #	
					- -		() -	
5. Home Address: Street Apt. No. City State Zip Code					6. E-Mail Address			
					-			
7. Status: (Indicate prior status if CGMA Member is deceased)								
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> CGES <input type="checkbox"/> PHS <input type="checkbox"/> Other								
8. Present Unit: (if applicable)						OPFAC #		9. Work Phone #
								() - Ext
10. Date of Birth (MM/DD/YYYY)			11. Years of Service		12. Anticipated date of Separation (MM/DD/YYYY)			13. Date Retired (MM/DD/YY)
/ /					/ /			/ /
14. Family members for whom you furnish more than one-half support (list additional dependents on a separate sheet if necessary)								
Name: Last First MI			Relationship to CGMA Client		Age (if dependent child)			

Section B – APPLICANT INFORMATION (To be completed if the applicant is not the CGMA Client (spouse, child, etc.))

15. Name: Last First MI			16. Social Security #		17. Relationship to Client	18. Power of Attorney?	19. Pre-Authorization Form	
			- -			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Home Address and phone number (if different from that of the CGMA Client)								
Street Apt. No. City State Zip Code							Home Phone	
					-		() -	

Section C – CONVERSION REQUEST DETAILS

21. Amount Requested		22. Disaster Event		23. I live in Govt Owned/Leased Housing		24 I have the below Insurance		
\$ _____				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Auto <input type="checkbox"/> House <input type="checkbox"/> Renters		
Please explain why your request should be approved. (For example; financially unable to repay, unreimbursed expenses incurred for evacuation; unreimbursed personal property losses; re-establish basic household needs, etc.) Attach additional pages if necessary.								
25. My financial losses total:		<input type="checkbox"/> Food		\$ _____		<input type="checkbox"/> Electronics		\$ _____
		<input type="checkbox"/> Clothing		\$ _____		<input type="checkbox"/> Household Appliances		\$ _____
		<input type="checkbox"/> Bedroom Furniture		\$ _____		<input type="checkbox"/> Car Damage		\$ _____
\$ _____		<input type="checkbox"/> Living Room Furniture		\$ _____		<input type="checkbox"/> House Damage		\$ _____
		<input type="checkbox"/> Other Furniture		\$ _____		<input type="checkbox"/> Other (explain)		\$ _____
26. I have been reimbursed		<input type="checkbox"/> From Coast Guard		\$ _____		<input type="checkbox"/> From Insurance		\$ _____
\$ _____		<input type="checkbox"/> Other Agency		\$ _____				
27. My unreimbursed financial losses total: \$ _____								

Section D – APPLICANT'S CERTIFICATION

I certify that I or my immediate family did own and have incurred the losses indicated in this request and that I have not been reimbursed by any source for that portion of my loss equal to or greater than the amount being requested. I further agree to voluntarily reimburse CGMA in the event any source does reimburse me for any of these losses in the future.

I hereby authorize the U.S. Coast Guard to supply CGMA with any requested information contained in my official Coast Guard personnel and pay files in connection with this assistance. I further authorize the U.S. Coast Guard, or any agency, to supply my latest home address to CGMA whenever requested. I understand that CGMA is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, may be provided by CGMA to the Coast Guard when deemed necessary. This form, with attachments, will be placed in the CGMA Representative's unit file.

Applicant's Signature _____ **Date** ____/____/____

THIS FORM IS TO BE USED ONLY WHEN DIRECTED BY CGMA-HQ!

Application for CGMA Layette

Form to be completed by the CGMA client and forwarded to CGMA Headquarters.
 If CGMA client is deceased, spouse/legal guardian information may be substituted where marked with an asterisk (*).

CGMA CLIENT INFORMATION

1. Name: Last		First	Middle Initial	2. Social Security Number	3. Employee ID #
				XXX-XX -	
*4. Home Address: Street		Apt. No.	City	State	Zip Code
					-
*5. Home Telephone Number			*6. Home E-mail Address		
() -					
*7. Status: (Indicate prior status if CGMA client is deceased)					
<input type="checkbox"/> Active Duty <input type="checkbox"/> CG Civilian Employee/NAF <input type="checkbox"/> Other:					
8. Rank/Rate/Grade:		*9. Current Duty Station and OPFAC (if applicable)		*10. Work Ext	
				() -	
11. Check here if CGMA client is deceased:		12. Name of Surviving Spouse/legal guardian: Last		First	M.I.
<input type="checkbox"/>					

Client Certification:

Baby's name: _____ Birth Date: ____ / ____ / ____

I certify that all information indicated above is true, accurate, and complete, and that:

- I have not received nor will I accept a layette from the AFAS (Bundles for Babies) class.
- I have not received nor will I accept a layette from the NMCRS (Budgeting for Babies) class.

*CGMA client's Signature: _____ Date: ____ / ____ / ____

Attach the following document:

- A photocopy of the client's valid Coast Guard ID card (both sides, clearly legible) (If the CGMA client is deceased, a copy of spouse's/legal guardian's valid ID must be provided).

Submit the completed form with attachments to CGMA Headquarters via one of the following:

- Email the package to CGMA-HQ at ARL-DG-CGMA@uscg.mil;
- FAX to CGMA-HQ at (202) 493-6686;
- Mail to Coast Guard Mutual Assistance, US Coast Guard Mail Stop 7180, 4200 Wilson Blvd, Ste 610 Arlington, VA 20598-7180

To Be Completed By the CGMA-HQ

- The applicant provided all necessary information and documentation for this Layette.

Mailed: _____

CGMA-HQ Signature: _____

Date: ____ / ____ / ____

Print Name: _____

Application for Stafford/PLUS Loan Fee Reimbursement

Form to be completed by the CGMA Client, or, if client is deceased, surviving spouse or legal guardian.
Submit a separate request for each academic term (e.g. Fall Semester, Winter Quarter).

STUDENT INFORMATION

1. Academic Term: (e.g. Fall Semester 2008)	2. Check loan type(s) for which disbursements were received this academic term:		
	<input type="checkbox"/> Federal Stafford	<input type="checkbox"/> Federal PLUS	
3. Name: Last	First	M.I.	4. Social Security Number
			- -
5. Address: Street	Apt. No.	City	State Zip Code
			-
6. Date of Birth (MM/DD/YYYY)			7. Telephone No:
/ /			() -
8. Student is a: (check one)			
<input type="checkbox"/> CGMA Client <input type="checkbox"/> CGMA Client's Spouse <input type="checkbox"/> CGMA Client's Dependent Child			

CGMA CLIENT INFORMATION

If CGMA client is deceased, spouse/legal guardian information may be substituted in blocks marked with an asterisk (*).

9. Name: Last	First	M.I.	10. Social Security Number
			- -
*11. Home Address: Street	Apt. No.	City	State Zip Code
			-
*12. Home Telephone No:		*13. Home E-Mail Address	
() -			
14. Status: (Indicate prior status if CGMA Client is deceased)			
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> NAF <input type="checkbox"/> PHS <input type="checkbox"/> CGMA			
15. Rank/Rate/Grade:	16. Current Duty Station/OPFAC#: (if applicable)		17. Work Telephone No: Ext.
			() -
18. Check here if CGMA client is deceased:	Name of surviving spouse/legal guardian:		
<input type="checkbox"/>	Last	First	M.I.

I certify that all information contained herein is true, accurate and complete.

*CGMA Client's Signature _____ Date ____/____/____

Attach the following documents:

- A copy of the "Notice of Loan guarantee and Disclosure Statement" (FFEL Program) or "Notice of Loan Disbursement" (Direct Loan Program) for each loan disbursed for the academic term
- An account statement (not an invoice or billing statement) obtained or received from the school at the end of the academic term showing deposits to the student's school account for the term
- A copy of the client's valid Coast Guard ID card (both sides, clearly legible)
(If CGMA client is deceased, provide a copy of spouse's/legal guardian's valid ID.)

Please forward this form and the above listed documents to:

Coast Guard Mutual Assistance

US Coast Guard Mail Stop 7180
4200 Wilson Blvd., Suite 610
Arlington, VA 20598-7180

OR

Send a facsimile to: (202) 493-6686

Application for CGMA Supplemental Education Grant (SEG)

Form to be completed by the CGMA client and forwarded to the nearest CGMA Representative.

If CGMA client is deceased, spouse/legal guardian information may be substituted where marked with an asterisk (*).

CGMA CLIENT INFORMATION

1. Name: Last		First	Middle Initial	2. Social Security Number	3. Employee ID #		
*4. Home Address: Street		Apt. No.	City	State	Zip Code		
*5. Home Telephone Number () -			*6. Home E-mail Address				
*7. Status: (Indicate prior status if CGMA client is deceased)							
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> CG Civilian Employee/NAF/CWC/CGES <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> PHS <input type="checkbox"/> CGMA							
*8. Rank/Rate/Grade (if applicable)		*9. Current Duty Station and OPFAC (if applicable)		*10. Work Ext () -			
11. Check here if CGMA client is deceased <input type="checkbox"/>		12. Name of Surviving Spouse/legal guardian: Last				First	M.I.

STUDENT INFORMATION

13. Name: Last		First	M.I.	14. Social Security Number	15. Date of Birth (MM/DD/YYYY)	16. Age: (If Dependent Child)
17. Student is a: (check one)		18. Telephone No: Student's			() -	
<input type="checkbox"/> CGMA Client <input type="checkbox"/> CGMA Client's Spouse <input type="checkbox"/> CGMA Client's Dependent Child						

Client Certification:

I certify that all information indicated above is true, accurate, and complete, and that:

- The student is enrolled in a **first** Associate or Bachelor Degree Program, earning a Vocational and Technical Training (VoTech) certificate; or seeking a General Equivalency Diploma (GED).
- I am not receiving payment or reimbursement for these items from any other source.
- SEG Grants I am requesting this calendar year will not exceed \$250, and not more than \$250 has been requested on behalf of any particular student in this calendar year.

I request reimbursement in the amount of \$ _____

*CGMA client's Signature _____ Date ____/____/____

Attach the following documents:

- The student's proof of enrollment (e.g. a letter from the Registrar's Office)
- The student's original receipts for each item dated within the past 12 months
- When mailing application, a photocopy of the client's valid Coast Guard ID card (both sides, clearly legible) (If the CGMA client is deceased, a copy of spouse's/legal guardian's valid ID must be provided.)

Submit the completed form with attachments to the nearest CGMA Representative. Visit our Web site at www.cgmahq.org or call CGMA-HQ at (800) 881-2462 for CGMA Representative Locations.

To Be Completed By the CGMA Representative

- The applicant provided all necessary information and documentation for this SEG.

Check (# _____) Amount \$ _____.

CGMA Representative's Signature _____ Date ____/____/____

Print Name _____ Unit Name: _____

NOTE: This form, with attachments, including original dated receipts, must be placed in the CGMA Representative's unit file. If the dollar amount of qualifying purchases exceeds the yearly entitlement, you may mark the original receipt(s) to show the amount of this SEG, date issued, control number, and check number, sign the notation and return the receipt(s) to the applicant. Retain a photocopy in the CGMA Representative's unit file.

CGMA – APPLICATION FOR EDUCATION LOAN

Instructions for completion: All applicants are to complete Sections A, B (if applicable) and C, read Section D and sign the application for assistance. Return the completed, signed application along with supporting documentation to a local CGMA Representative for processing.

Section A – CGMA CLIENT INFORMATION

1. Name: Last	First	MI	2. Rank/Rate/Grade	3. Social Security #	4. Home Phone #
				- -	() -
5. Home Address: Street		Apt. No.	City	State	Zip Code
-					
6. Status: (Indicate prior status if CGMA Member is deceased)					
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> CGES <input type="checkbox"/> PHS <input type="checkbox"/> Other _____					
7. Present Unit: (if applicable)				OPFAC #	8. Work Phone #
					() -
9. Date of Birth (MM/DD/YYYY)	10. Years of Service	11. Anticipated date of Separation (MM/DD/YYYY)		12. Date Retired (MM/DD/YY)	
/ /		/ /		/ /	

Section B – STUDENT INFORMATION (To be completed if not the client.)

13. Name: Last	First	MI	14. Social Security #	15. Relationship to Client
			- -	

Section C – EDUCATION LOAN ASSISTANCE REQUESTED (may not exceed \$2,000)

16. Type of Assistance Requested	17. Total Amount of Assistance Requested	18. Requested Monthly Repayment Amount
Interest-Free Education Loan Only	\$	\$
Spending plan: <input type="checkbox"/> Tuition \$ _____ <input type="checkbox"/> Fees \$ _____ <input type="checkbox"/> Other Expenses \$ _____ <input type="checkbox"/> Transportation Expenses \$ _____ <input type="checkbox"/> Course Materials \$ _____ Explain _____		
Other Funding Sources: Student Loans \$ _____ Scholarship Grants \$ _____ (Provided specifically to offset the above costs.)		
Attach the following documents: <input type="checkbox"/> The student's proof of enrollment (e.g. a letter from the Registrar's office) <input type="checkbox"/> Documented Cost Estimates (e.g. tuition/fees list, course syllabus listing required course materials, etc.) <input type="checkbox"/> When mailing application, a photocopy of the client's valid Coast Guard ID card (both sides, clearly legible) (If the client is deceased, a copy of spouse's/legal guardian's valid ID must be provided.)		

Section D – APPLICANT'S CERTIFICATION

Everything that I have stated in this application and attached documents is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check the facts surrounding this request including my credit and employment history. I understand that any misstatement of fact is grounds for denial of this request. I understand and agree that my signature constitutes voluntary consent to collection of the debt, or any remainder thereof, from my final pay upon separation or retirement from the armed forces. I understand that I am responsible for any unpaid balance and that any delinquent unpaid balance may be referred to a collection agency and may affect my credit.

I hereby authorize the U.S. Coast Guard to supply CGMA with any requested information contained in my official Coast Guard personnel and pay files in connection with this assistance. I further authorize the U.S. Coast Guard, or any agency, to supply my latest home address to CGMA whenever requested. I understand that CGMA is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, may be provided by CGMA to the Coast Guard when deemed necessary. This form, with attachments, will be placed in the CGMA Representative's unit file.

Applicant's Signature _____

Date / /



Coast Guard Mutual Assistance

Budget Form Page 1 of 3

Instructions: As you move through the form totals fields will update as you enter information. Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. Attach a LES or pay stub for each source of income. **Include** any anticipated changes in your income (longevity, step increase, advancement, bonus, etc.) **Do not** include allotment deductions from your pay. When finished, print the completed pages and return them, along with your application for assistance and supporting documents, to your local CGMA Representative.

Monthly Income

Applicant

Primary Income			Secondary Income		
	Current	Planned		Current	Planned
Gross Income	<input type="text"/>	<input type="text"/>	Gross Income	<input type="text"/>	<input type="text"/>
Less Deductions			Less Deductions		
Taxes	<input type="text"/>	<input type="text"/>	Taxes	<input type="text"/>	<input type="text"/>
Garnishments	<input type="text"/>	<input type="text"/>	Garnishments	<input type="text"/>	<input type="text"/>
Advances (Show End Date Below)	<input type="text"/>	<input type="text"/>	Advances (Show End Date Below)	<input type="text"/>	<input type="text"/>
Other Deductions (Explain Below)	<input type="text"/>	<input type="text"/>	Other Deductions (Explain Below)	<input type="text"/>	<input type="text"/>
Total Deductions	<input type="text"/>	<input type="text"/>	Total Deductions	<input type="text"/>	<input type="text"/>
Net Income	<input type="text"/>	<input type="text"/>	Net Income	<input type="text"/>	<input type="text"/>

Spouse/Other Family Members

Primary Income			Secondary Income		
	Current	Planned		Current	Planned
Gross Income	<input type="text"/>	<input type="text"/>	Gross Income	<input type="text"/>	<input type="text"/>
Less Deductions			Less Deductions		
Taxes	<input type="text"/>	<input type="text"/>	Taxes	<input type="text"/>	<input type="text"/>
Garnishments	<input type="text"/>	<input type="text"/>	Garnishments	<input type="text"/>	<input type="text"/>
Advances (Show End Date Below)	<input type="text"/>	<input type="text"/>	Advances (Show End Date Below)	<input type="text"/>	<input type="text"/>
Other Deductions (Explain Below)	<input type="text"/>	<input type="text"/>	Other Deductions (Explain Below)	<input type="text"/>	<input type="text"/>
Total Deductions	<input type="text"/>	<input type="text"/>	Total Deductions	<input type="text"/>	<input type="text"/>
Net Income	<input type="text"/>	<input type="text"/>	Net Income	<input type="text"/>	<input type="text"/>

Other Income			Total Income				
	Current	Planned		Current	Planned		
Alimony (Received)	<input type="text"/>	<input type="text"/>	Total Gross Income	<input type="text"/>	<input type="text"/>		
Child Support (Received)	<input type="text"/>	<input type="text"/>		Plus Other Income	<input type="text"/>	<input type="text"/>	
Social Security	<input type="text"/>	<input type="text"/>			Less Deductions	<input type="text"/>	<input type="text"/>
Disability	<input type="text"/>	<input type="text"/>					
VA	<input type="text"/>	<input type="text"/>					
Public Assistance	<input type="text"/>	<input type="text"/>		Net Income	<input type="text"/>	<input type="text"/>	
Investment Income	<input type="text"/>	<input type="text"/>					
Rental Income	<input type="text"/>	<input type="text"/>					
Other Income (Explain Below)	<input type="text"/>	<input type="text"/>					
Total Other Income	<input type="text"/>	<input type="text"/>					

Comments:



Coast Guard Mutual Assistance

Budget Form Page 2 of 3

Instructions: Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. **Include** any anticipated changes in your expenses. **Do not** include expenses in more than one category. **Do not** include expenses that are included as part of another payment.

Monthly Expenses

Housing Expenses			Family Living Expenses		
	Current	Planned		Current	Planned
Rent/Mortgage			Food/Groceries/Household Items		
Electric			Clothing		
Heating Oil/Natural Gas			Child Care		
Water/Sewage/Garbage			Barber/Beauty Shop		
Homeowners/Renters Assn Fees			Personal Care Items		
Other (Explain Below)			Telephone/Cell Phone/Pager		
Total Housing Expenses			Cable/Satellite TV		
			Internet Access Fees		
Transportation Expenses			Laundry/Dry Cleaning		
	Current	Planned	Recreation/Entertainment		
Gasoline			School Supplies and Expenses		
Repairs and Maintenance			Newspapers/Magazines		
Tolls/Parking/Fees			Work/School Lunches		
Inspections			Medical/Dental Care		
Other (Explain Below)			Other (Explain Below)		
Total Transportation Expenses			Total Family Living Expenses		
Other Expenses			Insurance (not included as part of other payments)		
	Current	Planned		Current	Planned
Alimony (Paid)			Life		
Child Support (Paid)			Health Medical/Dental		
Charity Contributions			Disability		
Gifts/Holidays (Avg. Monthly Amt.)			Automobile		
Pets/Vet/Kennel/Food/Misc.			Homeowner/Renter		
Organizations/Clubs Fees/Dues			Other (Explain Below)		
Property and Personal Taxes			Total Insurance Expenses		
CDs/Tapes/Videos/DVDs					
Other (Explain Below)			Total Expenses and Expenditures		
Total Other Expenses				Current	Planned
			Housing		
Savings and Investments			Family Living		
	Current	Planned	Transportation		
Savings (Short Term)			Insurance		
Savings (Long Term)			Other Expenses		
Investments TSP/401k/403b etc.			Savings and Investments		
Other Investments			Total Expenses		
Total Savings and Investments					

Comments:



Coast Guard Mutual Assistance

Pre-Authorization Form

CGMA Sponsor Information

Name: Last	First	M.I.	Social Security No.	Employee ID No.
			-	-
Rank/Rate/Grade:	Current Duty Station (if applicable) and OPFAC		Unit Telephone No:	
			() -	Ext
Home Address: Street	Apt. No.	City	State	Zip Code
Home Telephone No:	Home E-Mail Address			
() -				
Status: (Please check one)				
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> NAF <input type="checkbox"/> PHS <input type="checkbox"/> CGMA				

Authorization for Family Member to Receive Assistance

During the period I am deployed, underway or otherwise separated from my immediate family, I authorize Coast Guard Mutual Assistance to provide necessary financial assistance, up-to the amount indicated, to the family member listed below on my behalf and without my specific approval.

Name: Last	First	M.I.	Social Security Number	
			-	-
Home Address: Street	Apt. No.	City	State	Zip Code
Home Telephone No:	Relationship to CGMA Sponsor: (Please check one)			
() -	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other			
Amount Authorized Not to Exceed	Dates Authorization is Valid (Not to exceed 12 months)			
\$	From: / / To: / /			

I understand that I will be responsible for repayment if assistance is provided as a loan. Further, if the assistance is provided as a loan, I authorize Coast Guard Mutual Assistance to start an allotment for the amount of the loan (Active Duty, Retired Members and Civilian Employees only). I understand that allotment terms will be based on the best information available at the time assistance is provided and will be reviewed by the family member listed. Further, I understand that it will be the responsibility of the family member using this Pre-Authorization to provide me with notification concerning any assistance provided, along with information pertaining to the terms of any allotment or other repayment terms.

I understand that any assistance to my family members will depend on the merits of the situation and the policies and procedures of Coast Guard Mutual Assistance. I also understand that this authorization does not establish a line of credit with Coast Guard Mutual Assistance.

I certify that all information contained herein is true, accurate and complete.

CGMA Sponsor's Signature _____ Date ____/____/____

Witness's Signature _____ Date ____/____/____



Coast Guard Mutual Assistance Disapproval/Appeal Statement

From: CGMA Representative _____
(CGMA Representative's Location)

To: _____
(CGMA Client's Last Name, First Name, and Middle Initial)

(SSN, Rate/Rank, Unit)

Subj: Request for Assistance

1. We regret that Coast Guard Mutual Assistance (CGMA) is unable to provide the assistance you have requested. Requests for assistance must be based on financial need, and assistance must be provided in accordance with CGMA policies. After careful review and evaluation, it was determined that your request did not meet these guidelines and was denied for the following reasons:

2. If you believe your case merits further consideration, you have the option to appeal to the Executive Director. If your appeal is approved, assistance will be provided as authorized. If it is disapproved, you may make one final appeal to the CGMA Board of Control.
3. To initiate the appeal process you must indicate in writing why you feel your request merits further consideration. You may add any new or additional supporting documentation with the appeal request. You may also discuss your case, if you wish, with another member of your command. This may be your supervisor, the Command Master Chief, the Executive Officer, or others within your chain-of-command. You may ask that individual to submit an endorsement that will accompany your request for assistance throughout the appeal process.

CGMA Representative's Signature: _____ Date: _____

Copy: CGMA-HQ

CGMA Representative Information and Certification Form

Unit Name _____

Site Number _____

Information about the NEW CGMA Representative

Name and Rate/Rank _____

Telephone (____) _____ - _____

Who is the Representative being relieved? _____

Do you wish to have a user name and password to access CGMA-CMP? Yes No .

Who is the Primary CGMA Point of Contact for your site? _____
(This person's name, phone number and e-mail address will be published on the CGMA website.)

List all Current CGMA Assistant Reps at Your Unit:

_____	_____
_____	_____
_____	_____

I confirm that my **Appointment Letter** has been received

I confirm that an **Audit** has been completed

I am aware that the **CGMA Manual**, the latest **CGMA Annual Report**, and the **BOC Meeting Minutes** are available online at www.cgmahq.org

I am aware that the **Active Loan List** and all **Assistance Summary Reports** are available from within the CGMA-CMP application

I am aware that the **Restricted List** and the **List of Reps and Assistants** will be sent monthly to all CGMA Reps and Assistants by e-mail

I have read Section 2-F of the CGMA Manual and understand the responsibilities outlined for a CGMA Representative.

Signature of new CGMA Representative

Date

This form is designed to assist individuals in successfully assuming the duties and responsibilities of a CGMA Representative. At the same time, this form will assist with maintaining up-to-date information concerning Representatives, which is crucial to the communication network used by Coast Guard Mutual Assistance.

This information must be completed and forwarded to CGMA-HQ each time a CGMA Representative is appointed. User names and passwords necessary to access CGMA-CMP will not be issued until all items are completed.

Contact CGMA-HQ at (202) 493-6636 for additional assistance.

**Once complete, please image and e-mail to ARL-DG-CGMA@uscg.mil or
FAX to CGMA-HQ at (202) 493-6686**

CGMA Assistant Representative Information and Certification Form

Unit Name _____

Site Number _____

Information about the NEW CGMA Assistant Representative

Name and Rate/Rank _____

Telephone (____) _____ - _____

Relieving an existing Assistant Representative? Yes No If yes, whom? _____

Do you wish to have a user name and password to access CGMA-CMP? Yes No .

Who is the Primary CGMA Point of Contact for your site? _____

(This person's name, phone number and e-mail address will be published on the CGMA website.)

Authorization

I have been authorized to approve CGMA loans up to \$_____.

I have been authorized to sign CGMA Checks.

I confirm that my **Appointment Letter** has been received

I confirm that an **Audit** has been completed (if a change in custody of CGMA checks)

I am aware that the **CGMA Manual**, the latest **CGMA Annual Report**,
and the **BOC Meeting Minutes** are available online at www.cgmahq.org

I am aware that the **Active Loan List** and all **Assistance Summary Reports**
are available from within the CGMA-CMP application

I am aware that the **Restricted List** and the **List of Reps & Assistants** will be
sent monthly to all CGMA Reps and Assistants by e-mail

I have read Section 2-F of the CGMA Manual and understand the responsibilities of a CGMA Assistant Representative.

Signature of new Assistant Representative

Date

This form is designed to assist individuals in successfully assuming the duties and responsibilities of a CGMA Assistant Representative. At the same time, this form will assist with maintaining up-to-date information concerning Assistant Representatives, which is crucial to the communication network used by Coast Guard Mutual Assistance.

This information must be completed and forwarded to CGMA-HQ each time a CGMA Assistant Representative is appointed. User names and passwords necessary to access CGMA-CMP will not be issued until all items are completed.

Contact CGMA-HQ at (202) 493-6636 for additional assistance.

Once complete, please image and e-mail to ARL-DG-CGMA@uscg.mil or
FAX to CGMA-HQ at (202) 493-6686.

Relief of CGMA Representative or Assistant Representative Audit Form

This form is designed to assist with the audit of a site's CGMA account when a new Representative has been assigned or when there is a change in custody of the CGMA checks (CGMA Form 52) when a new Assistant Representative has been assigned. It will also assist an individual in successfully assuming the duties and responsibilities of a CGMA Representative or Assistant Representative. This form should be completed and signed by both the incoming and outgoing Representatives or Assistant Representatives, if both are available.

Answer “**Yes**” or “**No**” for each question, a comment is required for each “**No**” response.

1. Has the new CGMA Representative been appointed in writing by the Executive Director in accordance with Section 2-F of the CGMA Manual? Yes No .
(Only when a new Representative is relieved or assigned.)

2. Has the new Assistant Representative been appointed in writing by the Representative in accordance with Section 2-F of the CGMA Manual? Yes No .
(Only when a new Assistant Representative is relieved or assigned.)

3. Have all actions necessary upon assignment as a Representative or Assistant Representative been completed in accordance with Section 2-F of the CGMA Manual? Yes No .

4. Are all CGMA files and records maintained and disposed of in accordance with Section 6-A of the CGMA Manual? Yes No .

5. Are all CGMA checks accounted for in accordance with Section 6-C of the CGMA Manual? Yes No .
(Sealed packages do not have to be opened for this purpose.)

Comments:

Signature of **Incoming** CGMA Representative
or Assistant Representative

Date

Signature of **Outgoing** CGMA Representative
or Assistant Representative
(If departed enter “Not Available to Sign.”)

Date

Coast Guard Mutual Assistance (CGMA) – National Foundation for Credit Counseling (NFCC)

Financial and Housing Counseling Program

April 2008

Purpose

To expand the relationship between Coast Guard Mutual Assistance (CGMA) and the National Foundation for Credit Counseling (NFCC) whereby NFCC's Member Agencies -the majority of whom are known as Consumer Credit Counseling Services (CCCS) - will provide financial (including debt management) and housing counseling services to Coast Guard clients and their families.

Background

CGMA was originally established in 1924, and has had a long history of helping the men and women of the United States Coast Guard. Today, CGMA offers aid to the entire Coast Guard family; active duty and retired military personnel, civilian employees, commissioned officers of the Public Health Service serving with the Coast Guard, Reservists, Auxiliarists, and their families.

The NFCC was established in 1951 and is the nation's largest and longest serving national nonprofit counseling organization. The NFCC's mission is to promote the national agenda for financially responsible behavior and build capacity for its members to deliver the highest quality financial education and counseling services. NFCC Member Agencies annually help more than two million consumers through 911 community-based offices. All NFCC Member Agencies provide budget and debt counseling, and administer Debt Management Plans (DMPs) for those overwhelmed by debts that they are unable to repay without the help of the creditors they owe. Most Agencies also provide housing counseling services, as well as other money and credit services.

CGMA and the NFCC have had a Memorandum of Understanding in place since March 2003 but have mutually agreed to enhance their relationship to better address the changes in the socio-economic environment and the needs of the Coast Guard clients.

Program Terms

Summary

- CGMA Representatives will remain the first point of contact for Coast Guard clients.
- Depending on the client's situation, the CGMA Representative may decide to:
 - o Personally provide counseling;
 - o Direct the client to other sources within the Coast Guard for counseling, including other government sources; or

- Direct the client to an NFCC Member Agency to receive professional and individual financial and/or housing counseling services.
- The individual counseling provided by NFCC Member Agencies may be used to determine the root or cause of the financial problem, whether the problem is short-term or long-term. Counseling should also be used to determine what course of action should be taken to help the client achieve the goal of meeting their financial obligations and become a financially responsible consumer. This may or may not include receiving a loan from CGMA.
- CGMA is willing to extend to its clients, with the recommendation from an NFCC certified counselor, an interest-free loan that will enable clients to qualify for NFCC Member Agencies' administered Debt Management Plan (DMP) when other alternative resources are not available. This is a loan of last resort and will only be extended by CGMA if the client is in a financial hardship situation without alternative resources and is otherwise unable to enter an NFCC Member Agency's DMP. These loans are repaid via monthly allotments from the client's pay.

Counseling Services Provided by NFCC Member Agencies

- CGMA Representatives will refer clients for the following types of individual counseling services:
 - Financial Counseling, to include:
 - Budget and Financial Counseling
 - This will include Debt Management assistance, enabling the client to enter the NFCC Member Agency's administered Debt Management Plan. If necessary, the NFCC counselor will make a recommendation on the minimum interest free CGMA debt management loan needed to enable the client to enter the Agency's DMP.
 - Pre-Filing Bankruptcy Counseling
 - Pre-Discharge Bankruptcy Education
 - Housing Counseling, to include:
 - Pre-Purchase Housing Counseling
 - Post-Purchase Housing Counseling
 - Loss Mitigation/Foreclosure Prevention Counseling

Counseling Costs and CGMA Contribution

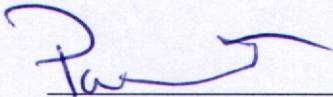
- With the expansion of services to be provided by NFCC Member Agencies, CGMA agrees to reimburse NFCC Member Agencies in the amount of:
 - \$25 for DMP set-up fees and \$50 for DMP monthly maintenance fees, up to \$600, per client, per calendar year, as well as;
 - \$100 per counseling session (for any non-DMP counseling service provided), up to a total of \$300 per client, per calendar year.
- Contribution issues will be handled directly between the NFCC Member Agencies providing the counseling services and CGMA Headquarters located at 4200 Wilson Boulevard, Suite 610, Arlington VA 22203-1804.

Referral Process

- Once it has been determined that a client needs additional financial or housing counseling, the CGMA Representative will refer the client to an NFCC Member Agency. A Letter of Introduction from CGMA (Form 22a) will be provided to the NFCC Agency.
- The NFCC Member Agency will provide the counseling services in accordance with the needs of the client, and will develop a long-term plan to address his/her needs and objectives.
- If the NFCC counselor recommends an interest-free CGMA Debt Management Loan, the criteria for the loan must be met and documented and the NFCC counselor must prepare a Counselor Recommendation Form (Form 22b). The form summarizes the counselor recommendations for the client(s) to help improve their financial situation and the counselor's recommendation as to whether a loan is appropriate. The CGMA Representative has final authority for issuance of the Debt Management Program Loan. At no time will NFCC Member Agencies be responsible for the decision of the CGMA Representative.
- Once the counseling is completed, NFCC Member Agencies will submit an invoice to the CGMA Headquarters located at 4200 Wilson Boulevard, Suite 610, Arlington VA 22203-1804.

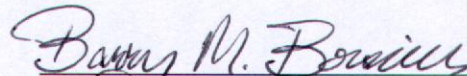
Program Promotion

Each NFCC Member Agency is an independent 501(c)(3) organization and agencies will not be obligated to participate in this program. However, the NFCC will continue to provide regular reminders and updates about this program to its membership, and hopes that CGMA will also continue to encourage its Representatives to use NFCC Member Agencies for their clients whenever deemed appropriate.



NFCC Signature

Paul Weiss
Senior Vice President
Chief Financial Officer



CGMA Signature

Barry M. Boisvere
Executive Director

Addendum to CGMA Form 22, CGMA/NFCC Agreement

Please note:

The mailing address for Coast Guard Mutual Assistance Headquarters for billing and other purposes has changed and is now:

Coast Guard Mutual Assistance
US Coast Guard Stop 7180
4200 Wilson Blvd., Suite 610
Arlington, VA 20598-7180

CGMA LETTER OF INTRODUCTION

DATE: _____

TO: NFCC Agency Counselor: _____

FROM: _____
Coast Guard Mutual Assistance Representative Coast Guard Unit

RE: _____
CGMA Client Last 4 digits of SSN

Coast Guard Mutual Assistance (CGMA), with the endorsement of the National Foundation for Credit Counseling, Inc. (NFCC), requests that a NFCC Members agency provide CGMA client with financial/credit counseling. The NFCC has, at the request of CGMA, distributed the Letter of Understanding, a copy of the CGMA Debt Management Program, and the Counselor's Recommendation Form to its Member Agencies. Please refer to these forms when providing counseling services.

If you have any questions regarding this program, please contact the Director of Finance, Coast Guard Mutual Assistance at (202)493-6621 or (800)881-CGMA.

CGMA Representative Signature

**Counselor Recommendation Form
Coast Guard Mutual Assistance Member**

CGMA Client's Name: _____ Date: _____

NFCC Member Agency's Name: _____

Counselor: _____ Location: _____

REASON FOR CLIENT'S FINANCIAL HARDSHIP SITUATION:

RECOMMENDATIONS TO IMPROVE CLIENT'S FINANCIAL HARDSHIP SITUATION

FINDINGS/LOAN RECOMMENDATIONS (Additional pages may be attached as necessary.)

_____ Basic financial counseling will suffice to meet the client's need.

_____ The client does not qualify for assistance under an NFCC approved Debt Management Plan.

_____ I have reviewed the CGMA Debt Management Guidelines and the client's financial situation, including projected cash flows, and believe that the client will be able to participate in an NFCC approved Debt Management Plan, without a loan from Coast Guard Mutual Assistance.

_____ I have reviewed the CGMA Debt Management Guidelines and the client's financial situation, including projected cash flows, and believe that the client will be able to participate in an NFCC approved Debt Management Plan, but will need a loan from Coast Guard Mutual Assistance.

Recommended Loan Amount: _____ Loan will be used to pay: _____

Number of Months to Repay: _____ Recommended Monthly Loan Payment: _____

I authorize this NFCC Member Agency to release any relevant information relating to my counseling session to Coast Guard Mutual Assistance for purposes of evaluating my Debt Management Loan Request.

CGMA Client's Signature/Date

Counselor's Signature/Date

Please forward this form along with the Application for Coast Guard Mutual Assistance Loan or Grant, and other budget work sheets, including projected cash flow statements, to the member's local Coast Guard Mutual Assistance Representative.



Coast Guard Mutual Assistance

Cash Contributions

Name: Last	First	M.I.	Rate/Rank/Grade				
Address: Street			Apt. No.	City	State	Zip Code	E-Mail Address
							-

Companies and Organizations	Name			
Address:		City	State	Zip Code
				-

YES! I want to help Coast Guard people in their time of need!

Here is my contribution of: \$25 \$20 \$15 \$10 \$5 Other \$ _____

Please make check or money order payable to **CGMA**. **Do not send cash through the mail.**

Status (Please check one)

Active Duty Retired CG Civilian Employee/NAF/CWC/CGES Reserve

Auxiliary PHS Other (describe) _____

Please complete, print and send this form along with your check or money order to:

Coast Guard Mutual Assistance
US Coast Guard Mail Stop 7180
4200 Wilson Blvd., Suite 610
Arlington, VA 20598-7180

(800) 881-2462

Contributions may also be given to any CGMA Representative. **Do not send cash through the mail.**

Thank you for your tax-deductible contribution to Coast Guard Mutual Assistance!



Coast Guard Mutual Assistance

Memorial Contribution

Acknowledgement of Memorial Contributions will be sent to both the contributor and the next-of-kin. Please make checks payable to CGMA.

Contributor Information:

Name: Last	First	M.I.	Rate/Rank/Grade or Relationship				
Address: Street			Apt. No.	City	State	Zip Code	E-Mail Address
Status (Please check one)							
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Retired	<input type="checkbox"/> CG Civilian Employee	<input type="checkbox"/> Reserve	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> NAF	<input type="checkbox"/> PHS	
<input type="checkbox"/> Other							

I would like to contribute \$ _____ to CGMA in memory of:

Name: Last	First	M.I.	Rate/Rank/Grade			
Status (Please check one)						
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Retired	<input type="checkbox"/> CG Civilian Employee	<input type="checkbox"/> Reserve	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> NAF	<input type="checkbox"/> PHS
<input type="checkbox"/> Other						

Acknowledgement of this contribution should be sent to:

Name: Last	First	M.I.	Relationship to deceased							
Home Address: Street							Apt. No.	City	State	Zip Code
-										

Please complete, print and send this form along with your contribution to:

Coast Guard Mutual Assistance
US Coast Guard Mail Stop 7180
4200 Wilson Blvd., Suite 610
Arlington, VA 20598-7180

Contributions may also be given to any CGMA Representative.

Do not send cash through the mail.

Thank you for your contribution to Coast Guard Mutual Assistance.



Coast Guard Mutual Assistance

Active Duty - Contribution Allotment Authorization

Name: Last	First	M.I.	Rate/Rank	Social Security Number	Employee ID #
				XXX-XX-	
Home Address: Street	Apt. No.	City	State	Zip Code	E-Mail Address
Unit Name:					

YES! I want to help Coast Guard people in their time of need!

Please **Start** a monthly allotment from my Coast Guard Pay to Coast Guard Mutual Assistance in the amount of: \$ _____ effective (MM/YY) ____ / ____

Please **Change** my existing allotment to Coast Guard Mutual Assistance from \$ _____ to \$ _____ effective (MM/YY) ____ / ____

I hereby authorize this allotment to be taken from my Coast Guard Pay. I understand that it will remain in effect until I request that it be changed or stopped.

Signature (Required): _____ Date: ____ / ____ / ____

**Please complete, print and sign this form
Send the completed form to:**

Coast Guard Mutual Assistance
US Coast Guard Mail Stop 7180
4200 Wilson Blvd., Suite 610
Arlington, VA 20598-7180

OR

Send a fax to: (202) 493-6686

Thank you for your tax-deductible contribution to Coast Guard Mutual Assistance!



Coast Guard Mutual Assistance

CG Civilian Employee Contribution Payroll Deduction Authorization

Name: Last	First	M.I.	Grade	Social Security Number XXX - XX -	Employee ID #
Home Address: Street	Apt. No.	City	State	Zip Code	-
E-Mail Address			Unit Name		

YES! I want to help Coast Guard people in their time of need!

Please **Start** a Bi-Weekly payroll deduction from my Federal Pay to Coast Guard Mutual Assistance in the amount of: \$ _____ per pay period effective (MM/DD/YY) ____ / ____ / ____

Please **Change** my existing Bi-Weekly contribution payroll deduction from my Federal Pay to Coast Guard Mutual Assistance from \$ _____ to \$ _____ effective (MM/DD/YY) ____ / ____ / ____

I hereby authorize this deduction to be taken from my Federal Pay. I understand that it will remain in effect until I request that it be changed or stopped.

Signature (Required): _____ Date: ____ / ____ / ____

Please complete, print and sign this form.

Send the completed form to:

Coast Guard Mutual Assistance
US Coast Guard Mail Stop 7180
4200 Wilson Blvd., Suite 610
Arlington, VA 20598-7180

OR

Send a fax to: (202) 493-6686

Thank you for your tax-deductible contribution to Coast Guard Mutual Assistance!



Coast Guard Mutual Assistance

Retired – Contribution Allotment Authorization

"They Also Served"

Name: Last	First	M.I.	Rate/Rank	Social Security Number	Employee ID #
				XXX-XX-	
Home Address: Street	Apt. No.	City	State	Zip Code	E-Mail Address
				-	

YES! I want to help Coast Guard people in their time of need!

Please **Start** a monthly allotment from my Coast Guard Retired Pay to **Coast Guard Mutual Assistance** in the amount of: \$ _____ effective (MM/YY) ____ / ____

Please **Change** my existing allotment to **Coast Guard Mutual Assistance** from \$ _____ to \$ _____ effective (MM/YY) ____ / ____

I hereby authorize this allotment to be taken from my Coast Guard Retired Pay. I understand that it will remain in effect until I request that it be changed or stopped.

Signature (Required): _____ Date: ____ / ____ / ____

**Please complete, print and sign this form
Send the completed form to:**

Coast Guard Mutual Assistance
US Coast Guard Mail Stop 7180
4200 Wilson Blvd., Suite 610
Arlington, VA 22203-1804

OR

Send a fax to: (202) 493-6686

This form may also be sent directly to the Retired Pay Office: Commanding Officer (RAS), US Coast Guard Personnel Service Center, 444 SE Quincy St., Topeka KS 66683-3591

Thank you for your tax-deductible contribution to Coast Guard Mutual Assistance!



**Coast Guard
Mutual Assistance**

**Securities
Contributions**

YES! I want to help Coast Guard people in their time of need!

Contributor's Information

Owner: Last Name		First Name		M.I.	
Co-Owner: Last Name		First Name		M.I.	
Home Address: Street		Apt. No.	City	State	Zip Code
Home Phone Number () -		Home E-Mail Address			

Securities Information

I (we) hereby assign and transfer the following securities to Coast Guard Mutual Assistance.

Common Stocks		
Company Name	Number of Shares	Certificate Number(s)

Bonds		
Company Name	Principal Amount	Certificate Number(s)
	\$	
	\$	
	\$	

I (we) do hereby irrevocably constitute and appoint Bank of America Trust Texas #1 to transfer the said stock(s), or bond(s), as the case may be, standing in the name of the undersigned on the books of said Corporation will full power of substitution in the premises.

Signature Owner: _____ Date: : ____ / ____ / ____.

Signature Co-Owner: _____ Date: : ____ / ____ / ____.

Please complete, print and sign this form.
Mail your unendorsed certificate(s) and this completed form, in separate envelopes, by registered mail, to:

Coast Guard Mutual Assistance
 US Coast Guard Mail Stop 7180
 4200 Wilson Blvd., Suite 610
 Arlington, VA 20598-7180

Thank you for your tax-deductible contribution to Coast Guard Mutual Assistance!

COAST GUARD MUTUAL ASSISTANCE

088740

ISSUED BY COAST GUARD MUTUAL ASSISTANCE	
OPFAC NUMBER	LOCATION NAME

THIS CHECK VOID 60 DAYS AFTER DATE

DATE _____

PAY TO THE ORDER OF _____ \$ _____ DOLLARS



NON-NEGOTIABLE

1. DATE	2. PAYEE	3. OPFAC #	088740
4. NAME OF SERVICE MEMBER (LAST, FIRST, MI)	5. SSN	6. GRADE	7. STATUS
8. MEMBER'S UNIT (HOME ADDRESS FOR RETIREE, RESERVIST AND AUXILIARIST)		9. BRANCH OF SERVICE	
10. APPLICANT'S NAME AND RELATIONSHIP IF NOT SERVICE MEMBER		POWER of ATTORNEY MEMBER APPROVES	
11.	12. REASON CODE		
13. AMOUNT OF CHECK	14. DISBURSEMENT FOR		
15. REPAYMENT			
ALLOTMENT (A) OR CASH (C)		REPAYMENT START DATE	REPAYMENT END DATE
16. REMARKS: EXPLAIN WHY ASSISTANCE IS NEEDED		17. FINAL APPROVAL AUTHORITY	
		NAME _____	
		GRADE _____	
		TITLE _____	
		18. FOR DESIGNATED USE ONLY	
		A _____ B _____	
		19. IF MORE THAN ONE CHECK, CHECK NUMBER CONTAINING PROMISSORY NOTE	

I _____ PROMISE TO REPAY IN FULL, THE COAST GUARD MUTUAL ASSISTANCE LOAN OF \$ _____ THAT I RECEIVED ON _____. I AUTHORIZE REPAYMENT TO BE MADE BY ALLOTMENT FROM MY COAST GUARD PAY IN _____ EQUAL MONTHLY PAYMENTS OF \$ _____ OR UNTIL PAID-IN-FULL.

I understand that I am liable for the full amount of this loan even if an authorized deduction from my pay stops prior to full repayment. I agree to continue to remit regular monthly payments in the event that I separate from the Coast Guard. I further understand that if I fail to make regular payments, my account may be turned over to a collection agency. If on active duty, I authorize the balance owed to CGMA upon termination to be collected from my final Coast Guard pay through use of Final Pay Deduction. I have received a copy of this agreement.

_____	_____	_____	_____
-------	-------	-------	-------

CGMA Form 52

SIGNATURE OF RECIPIENT

SSN OF RECIPIENT

DATE

SIGNATURE OF CGMA REPRESENTATIVE

ORIGINAL - RETAIN IN LOCAL CGMA FILES



Coast Guard Mutual Assistance
We Look After Our Own



AAFMAA
Financial Advisors
Advice from a name you can trust

Gift of Membership

Please complete and return to AAFMAA Financial Advisors. PRINT clearly in blue or black ink.

1. SERVICE MEMBER (If information unknown, leave blank)				For office use	
Last Name		First Name	Middle Initial	Social Security Number	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)		Date of Death (mm/dd/yyyy)	
Present Rank/Grade		Date of Promotion (mm/dd/yyyy)		Date of Previous Promotion (mm/dd/yyyy)	
Date of Initial Entry into Military Service (DIEMS)		Pay Entry Base Date (PEBD) (mm/dd/yyyy)		Active Base/Service Date* (mm/dd/yyyy)	
Status <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Guard		Combat Related/Combat Area <input type="checkbox"/> No <input type="checkbox"/> Yes	DD Form 1300 Enclosed <input type="checkbox"/> No <input type="checkbox"/> Yes	Certified Death Certificate Enclosed <input type="checkbox"/> No <input type="checkbox"/> Yes	
2. APPLICANT <input type="checkbox"/> Spouse of service member <input type="checkbox"/> Custodian of children					
Last Name		First Name	Middle Initial	Social Security Number	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)		Date of Marriage - if Spouse (mm/dd/yyyy)	
Street				Primary Phone	
City	State	Zip		Alternate Phone	
Email				Fax	
3. CHILDREN OF SERVICE MEMBER (Include any additional children on a separate page)					
Enter the applicable letter in the Code field next to the child (leave blank if none apply): P: Under age 18 and not living with applicant I: Disabled before age 18, not married, not capable of self support X: Age 18-22, not in college or is cadet J: Disabled during ages 18-22 while full-time student, not married, not capable of self support					
Code	Name (Last, First, Middle, Title)		Gender	Social Security Number	Date of Birth (mm/dd/yyyy)
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
4. AUTHORIZATION					
I accept this gift of membership into AAFMAA Financial Advisors. I understand that this information will be kept strictly confidential and will not be provided to any other organization without my consent.					
Signature of Applicant				Date Signed (mm/dd/yyyy)	
5. CASUALTY ASSISTANCE OFFICER					
Last Name		First Name	Middle Initial	Phone	
Email				Fax	

* Basic Active Service Date (Army), Total Active Federal Military Service Date (Air Force), Active Duty Base Date (Navy, Coast Guard), Armed Forces Active Duty Base Date (Marines)

SETTLEMENT STATEMENT

U.S. Department of Housing and Urban Development

A. Type of Loan

1. ___ FHA 2. ___ FmHA 3. ___ Conv. Unins.	6. File Number	7. Loan Number	8. Mortgage Insurance Case Number
4. ___ VA 5. ___ Conv. Ins.			

B. Note: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "(p.o.c.)" were paid outside the closing; they are shown here for informational purposes and are not included in the totals.

C. Name and Address of Borrower	D. Name and Address of Seller	E. Name and Address of Lender
F. Property Location		G. Settlement Agent
		Place of Settlement
		H. Settlement Date

I. Summary of Borrower's Transaction		J. Summary of Seller's Transaction	
100. Gross Amount Due From Borrower		400. Gross Amount Due to Seller	
101. Contract sales price		401. Contract sales price	
102. Personal property		402. Personal property	
103. Settlement charges to borrower (line 1400)		403.	
104.		404.	
105.		405.	
Adjustment for items paid by seller in advance		Adjustments for items paid by seller in advance	
106. City/town taxes to		406. City/town taxes to	
107. County taxes to		407. County taxes to	
108. Assessments to		408. Assessments to	
109.		409.	
110.		410.	
111.		411.	
112.		412.	
120. Gross Amount Due from Borrower		420. Gross Amount Due to Seller	
200. Amounts Paid by or in Behalf of Borrower		500. Reductions in Amount Due to Seller	
201. Deposit or earnest money		501. Excess deposit (see instructions)	
202. Principal amount of new loan(s)		502. Settlement charges to seller (line 1400)	
203. Existing loans taken subject to		503. Existing loans taken subject to	
204.		504. Payoff of first mortgage loan	
205.		505. Payoff of second mortgage loan	
206.		506.	
207.		507.	
208.		508.	
209.		509.	
Adjustments for items unpaid by seller		Adjustments for items unpaid by seller	
210. City/town taxes to		510. City/town taxes to	
211. County taxes to		511. County taxes to	
212. Assessments to		512. Assessments to	
213.		513.	
214.		514.	
215.		515.	
216.		516.	
217.		517.	
218.		518.	
219.		519.	
220. Total Paid by/for Borrower		520. Total Reduction Amount Due Seller	
300. Cash at Settlement from/to Borrower		600. Cash at Settlement to/from Seller	
301. Gross amount due from borrower (line 120)		601. Gross amount due to seller (line 420)	
302. Less amounts paid by/for borrower (line 220)	()	602. Less reductions in amount due seller (line 520)	()
303. Cash ___ From ___ To Borrower		603. Cash ___ To ___ From Seller	

K. Settlement Charges						
700. Total Sales/Broker's Commission based on price \$		@	%=		Paid From	Paid From
Division of Commission (line 700) as follows:					Borrower's Funds at Settlement	Seller's Funds at Settlement
701. \$		to				
702. \$		to				
703. Commission paid at settlement						
704.						
800. Items Payable in Connection with Loan						
801. Loan origination fee		%				
802. Loan discount		%				
803. Appraisal fee to						
804. Credit report to						
805. Lender's inspection fee						
806. Mortgage insurance application fee to						
807. Assumption fee						
808.						
809.						
810.						
811.						
812.						
813.						
814.						
900. Items Required by Lender to be Paid in Advance						
901. Interest from	to	@ \$	/day			
902. Mortgage insurance premium for		months to				
903. Hazard insurance premium for		years to				
904.						
905.						
1000. Reserves Deposited with Lender						
1001. Hazard insurance		months @ \$	per month			
1002. Mortgage insurance		months @ \$	per month			
1003. City property taxes		months @ \$	per month			
1004. County property taxes		months @ \$	per month			
1005. Annual assessments		months @ \$	per month			
1006.		months @ \$	per month			
1007.		months @ \$	per month			
1008.		months @ \$	per month			
1100. Title Charges						
1101. Settlement or closing fee to						
1102. Abstract or title search to						
1103. Title examination to						
1104. Title insurance binder to						
1105. Document preparation to						
1106. Notary fees to						
1107. Attorney's fees to						
(includes above items numbers:)			
1108. Title insurance to						
(includes above items numbers:)			
1109. Lender's coverage	\$					
1110. Owner's coverage	\$					
1111.						
1112.						
1113.						
1200. Government Recording and Transfer Charges						
1201. Recording fees:	Deed \$; Mortgage \$; Releases \$	
1202. City/county tax/stamps:	Deed \$; Mortgage \$			
1203. State tax/stamps:	Deed \$; Mortgage \$			
1204.						
1205.						
1300. Additional Settlement Charges						
1301. Survey to						
1302. Pest inspection to						
1303.						
1304.						
1305.						
1400. Total Settlement Charges (enter on lines 103, Section I and 502, Section J)						

Public Reporting Burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600; and to the Office of Management and Budget, Paperwork Reduction Project (2502-0265), Washington, D.C. 20503.

Instructions for Completing the CGMA/Bank of America
Bank Signature Card
00-35-2653NSBW 06-28-2007

Complete **only** the following four blocks (fields):

Site Number: Enter your **CGMA Site number (begins with 99, which is already present)**

Site Name: Enter your **CGMA Site (unit) name**

In the bottom box titled DESIGNATED ACCOUNT SIGNERS:

NAME: Enter the name(s) of a person authorized to sign **CGMA checks**

TITLE: Circle the appropriate **CGMA title (RD / REP / Asst Rep)**

Once these four fields are completed, have each person sign in the **SIGNATURE** block of the bottom box. Only one Bank Signature Card is allowed from each site, all persons authorized to sign CGMA checks must sign each time a new Bank Signature Card is needed due to a change in authorized persons.

If you have more than four people authorized to sign CGMA checks, you must use more than one form.

When complete, make an image of the document and e-mail to CGMA-HQ, Attn: Tanya Mathis, or FAX a copy of the form to CGMA-HQ at 202-493-6686. Then **mail the original** to CGMA-HQ. CGMA-HQ will forward the original form, under signature of the CGMA Director of Administration, to the Bank of America.

June 2008

Date: _____

Select One: New Account Update (Add/Delete) Signers Supersede Existing Signature Card
 Reference Account Number: _____ BANK USE ONLY: Bank Number: _____

ORGANIZATION LEGAL NAME: Coast Guard Mutual Assistance, Inc.		TYPE OF BUSINESS (CHECK ONE):		STATE OF FORMATION: VA (We may require that you provide copies of your company charter or formation documents.)	
CGMA Assistance Account #		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership	
DESCRIPTIVE ACCOUNT TITLE: CGMA Site Number: 99		<input type="checkbox"/> Government Authority/ Agency:		Limited Liability Company <input type="checkbox"/> Manager Managed <input type="checkbox"/> Member Managed <input type="checkbox"/> Sole Member	
CGMA Site Name:		<input type="checkbox"/> Joint Venture		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Agency Account – type: _____	
ADDRESS FOR STATEMENT: 4200 Wilson Blvd., Suite 610, Arlington, VA 22203-1804		<input type="checkbox"/> General Partnership		<input type="checkbox"/> Unincorporated Organization or Association <input type="checkbox"/> Other – type: _____	

PROPERTY MANAGEMENT ACCOUNTS MUST BE ACCOMPANIED BY APPROPRIATE OWNER AND AGENT INDEMNITIES AND PROPERTY MANAGEMENT ACCOUNT SUPPLEMENT.

Use this Employer Identification Number for this account
 3 1 - 1 8 0 1 9 3 1

Name of legal entity whose E.I.N. is listed to the left
 Coast Guard Mutual Assistance, Inc.

AGREEMENT, TAX INFORMATION CERTIFICATION and AUTHORIZATION

You begin or continue a deposit account relationship with us by giving us information about your business and by signing this Agreement. The deposit agreement we give you is part of your agreement with us regarding use of your account and tells you the current terms governing your account. We may change the deposit agreement at any time and will inform you of changes that affect your rights and obligations. By signing below, you acknowledge receipt of the deposit agreement. The deposit agreement includes a provision for **alternative dispute resolution**.

By signing below, you authorize each person who has signed in the *Designated Account Signer* section below to operate any account opened under this signature card now or in the future. The authority to operate an account includes: authority to sign checks and other items and to give us other instructions to withdraw funds; to endorse and deposit checks and other items payable to or belonging to you to the account; and, to transact other administrative business relating to the account, including closing the account. If you wish to restrict a designated signer's authority to check signing you must indicate that by checking the box to the left of their name. We may rely on this authorization for any account opened under this signature card until we receive written notice revoking the authorization at the office where we maintain the account, and we have a reasonable time to act upon such it.

By signing below, you certify under penalty of perjury that 1) the employer identification number listed above for this organization is correct; 2) that the organization listed above is a US person; and 3) the organization listed above is not subject to backup withholding because: (a) the organization is exempt from back-up withholding, or (b) has not been notified by the Internal Revenue Service (the IRS) that it is subject to back up withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the organization that it is no longer subject to backup withholding. **[Cross out item 3 above if you have been notified by the IRS that you are currently subject to backup withholding for failure to report interest or dividends.] ***

* If the organization listed above is a foreign entity use the applicable Form W-8 (for additional information please see IRS Pub 515 Withholding of Tax on Non-Resident Aliens or Foreign Entities). The term "United States person" means: A citizen or resident of the United States, a partnership created or organized in the United States or under the law of the United States or of any State, a corporation created or organized in the United States or under the law of the United States or of any State, or any estate or trust other than a foreign estate or foreign trust.

By signing below, this organization hereby agrees to be bound to the above Agreement, Tax Information Certification and Authorization. Further, any person signing this Agreement for the Organization certifies that they are duly authorized to do so as evidenced by attached banking resolution/contract for deposit of moneys (CA Public Funds only) or existing banking resolutions/contract for deposit of moneys (CA Public Funds only) on file with us. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

By: Ronald C. Wolf, Director of Administration
 Type or Print Name/Title of Authorized Signer _____ Signature _____
 By: _____
 Type or Print Name/Title of Authorized Signer _____ Signature _____

DESIGNATED ACCOUNT SIGNERS (use supplemental pages as needed for additional signers)

	Name	Title (circle one)	Signature
<input type="checkbox"/>	_____	RD Rep Asst Rep	_____
<input type="checkbox"/>	_____	RD Rep Asst Rep	_____
<input type="checkbox"/>	_____	RD Rep Asst Rep	_____
<input type="checkbox"/>	_____	RD Rep Asst Rep	_____

THIS DOCUMENT MUST BE PROCESSED BY THE BANK OF AMERICA UNIT LISTED BELOW

For Bank Use: Forward to: _____ Date Received: _____ Received by & Phone: _____
 Date Reviewed: _____ Reviewed by: _____