CGMA is dedicated to a policy of fair treatment. At all times, CGMA will provide an environment that promotes dignity, respect, fairness, and inclusion. These are essential ingredients to the sustainment of operational excellence, a positive office climate and a healthy work environment. All CGMA personnel and representative will comport themselves in accordance with all Coast Guard civil rights policies at all times. All CGMA clients will adhere to this policy in their interactions with CGMA HQ personnel and CGMA Representatives.

CGMA Client Information

Name: First	M.I	Last	Suffix	SSN last 4	Employee/Auxiliary ID

Home address: Line 1	Line 2	City	State	Zip Code	Phone #

Member Status:	Active Duty	Retired	Reserve	Civilian	Auxiliary	PHS	Other
	[]						

Rank/Rate/Title	Unit		OFPAC #	Check if client is deceased

Married:		# of Dependent including spouse	Year joined CG	Year retired	Year of birth
Yes	No				

Email address: personal/Zelle	Email address: Work

Zelle is an electronic disbursement application between CGMA's bank and yours.

Applicant Information

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

Name: First	M.I	Last	Suffix	SSN last 4	Relationship to Client	Power of Attorney
						Yes No

Email address: personal/Zelle	Pre-Authorization Form	Phone #
	Yes No	

Request and purpose

Type of Assistance Requested	Amount requested	Monthly Repayment	Prefer Funds:
Loan Grant	$	$	electronic disbursement Check

Reason for assistance (attach additional pages if necessary and documentation)

CGMA Client/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 of denial of this request. 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.

Client/Applicant's Signature _____ Date _____

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

COMMAND POC

Name: Last	First	M.I.	Rank/Rate/Grade	Telephone No: Work

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 Form 5 (revised Nov 2023)   **http://www.mycgma.org**   **CGMA-HQ (800) 881-2462**