

DO NOT FILL OUT THIS SIDE IF YOU ARE NOT USING A CREDIT CARD.

FED PAC

2260 S. GROVE STREET • CHICAGO, IL 60616

(PLEASE TYPE OR PRINT LEGIBLY)

Register #: _____ \$50 \$100 \$200 Other

Name: _____
FIRST MIDDLE INIT. LAST

Address: _____

Credit Card #: _____ / _____ / _____ / _____ VISA MASTERCARD

Expiration Date: _____ / _____ DISCOVER *(Please Check One)*

Signature: _____ Date: _____

- FOR YOUR PROTECTION A NEW CARD MUST BE COMPLETED EVERY YEAR. WE ARE NO LONGER ACCEPTING RECURRING ANNUAL PAYMENTS.

CONTRIBUTIONS ARE VOLUNTARY

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BENEFICIARY BENEFITS

Please Print:

I _____
(members name)

designate _____
(beneficiary's name)

who is my _____
(relationship)

as my beneficiary. In the event that my beneficiary is dead or there is any dispute in respect to who is eligible to be my beneficiary, I agree that any benefits due my beneficiary shall be paid to my estate.

(signature)

Member Register #: _____