



SPOUSE BENEFICIARY INFORMATION

(FOR AN UNASSIGNED SPOUSE)
NAD OFFICE OF VOLUNTEER MINISTRIES
www.hesaidgo.net

To be completed by an Unassigned Spouse accompanying a Volunteer serving with the Adventist Volunteer Service.

BENEFICIARY INFORMATION

This section identifies who receives benefits of Insurance coverage if spouse of Volunteer should die during approved term of service.

Spouse Name		Date of Birth (Day/Month/Year)
Primary Beneficiary		Relationship to Spouse
Contingent Beneficiary (in case primary beneficiary dies first)		Relationship to Spouse
Signature	Date	Signature of Parent/Guardian of Spouse*

*Release must be signed instead by a parent or guardian if Spouse is a minor in his/her place of residence.



SV-012 1/07
SV-013 1/07

When completed, return to NAD Division Volunteer Coordinator: FAX: (301) 680-5079

