

APPLE VALLEY FIREFIGHTERS RELIEF ASSOCIATION

7100 147th Street West
Apple Valley, MN 55124



NEW MEMBER PACKET

The *Apple Valley Firefighters Relief Association* would like to welcome you as a member of the **Apple Valley Fire Department!** Because you are eligible to become a member of the *Relief Association*, we would like to explain our purpose.

The purpose of the **Apple Valley Firefighters Relief Association** is to provide retirement benefits to members who retire with 10 or more years of service. They are eligible to receive a one-time lump sum pension payment at age 50. Death benefits are also provided for surviving spouses and children.

The *Relief Association* is headed by a **Board of Trustees** who are elected by the membership at our annual meeting, in February.

The *Relief Association* has two Funds, a Special Fund and a General Fund.

- The Special Fund (from which retirement benefits are paid) is controlled by State laws. The fund receives State Aid, and an annual contribution from the City of Apple Valley. It is the responsibility of the **Board of Trustees** to invest these monies to ensure the greatest return possible, which in turn increases the amount of benefits paid to retiring Firefighters.
- The General Fund receives its funding from membership dues, which are equal to 1 hour fire pay per month, and deducted automatically from your monthly check when you are a member. By signing this application, you are authorizing this automatic deduction. Donated money and property also make up the General Fund. Monies in the General Fund can be used for entertainment, dinners, flowers for a sick or deceased member and expenses of administering the Fund.

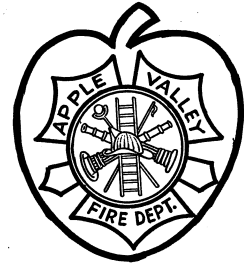
If you wish to become a member of the *Relief Association*, please fill out the Membership Application and submit it to any member of the Board of Trustees, or the Fire Department Administrative Assistant at City Hall. If you desire more information, please contact a member of the **Board of Trustees**.

REMEMBER, you **MUST** be a member of the *Relief Association* to be eligible to receive a pension.

**The Apple Valley Firefighters
Relief Association Board**

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MEMBERSHIP APPLICATION

Instructions: Please type or print the necessary information, read the authorization and release, sign and date the application, and return to any member of the Board of Trustees.

Member Information

Name: _____

Address: _____

city

state

zip

Phone #: _____

Cell Phone #: _____ Email: _____

Start date with fire department: _____

Social Security #: _____ Date of Birth: _____

Marital Status: _____

Beneficiary

Upon my death, my interest in the Plan shall be paid first to my surviving spouse, defined in MN Stat. 424A.001, Sub. 6, if my spouse survives me and then to my surviving children, if any. If I have no surviving spouse or surviving children, I designate the following person(s)* as my beneficiary.

<u>Name:</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>%</u>
1 _____			
2 _____			
3 _____			

Total must equal 100%

* If no beneficiary or beneficiaries are named, the interest in the Plan will go to my estate (MN Stat. 424A.05, sub. 3).

Authorization and Release

- I hereby authorize the entities and persons listed above to release to the **Apple Valley Firefighters Relief Association** and any agent working on its behalf data classified as private. The data which I authorize to be released consists of private data, as defined by Minnesota Statute Ch. 13.02, subd. 12, and has been or will be collected by the **Apple Valley Firefighters Relief Association** and/or its agents and/or representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which is any way related to membership. This authorization shall be valid indefinitely, but I reserve the right to cancel this authorization by providing written notice to the Secretary of the *Association*.
- I reserve the power to change, modify or revoke this beneficiary designation by completing the Change of Beneficiary form at any time before my death.
- I hereby affirm that I will honestly and faithfully abide by, and uphold the *By-laws* of this *Association*. I hereby declare that any statements herein contained are true and complete to the best of my knowledge and belief.
- Based on the information herein, I hereby apply for membership in the **Apple Valley Firefighters Relief Association**, pursuant to the *By-laws* of said *Association*.

Signed _____

Applicant's Signature

Date

ACTION TAKEN BY BOARD OF TRUSTEES: Approved: _____ Denied: _____ Date: _____

ATTEST: _____ and _____