

AKUGBE ASSOCIATION, DFW TX

APPLICATION FOR BEREAVEMENT DISBURSEMENT

Member's name: -----

Name of Deceased: -----

Relationship to Member: -----

Type of Charitable Benefit Requested: -----

Deceased was a principle proponent of Edo Culture and a very reliable supporter of the association.

I understand that my account must be up to date as at the date of occurrence to be eligible for the disbursement. There will be no exceptions to this rule. This charitable scholarship / endowment funds is established in the name of the deceased for the advancement of Edo culture and heritage.

Member's signature: -----

Benefit Committee's Recommendation:

Upon complete review of all applicable records we recommend that the benefit requested be approved declined based on the information available on file.

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Committee Chairman

Upon the recommendation of the benefit committee, as the president of this association, I hereby approve decline the request in accordance with the constitutional provision of Akugbe Association.

President

