

DEATH-IN-THE FAMILY ASSISTANCE (DIFA) REGISTRATION FORM

I..... of

.....

have pledged to voluntarily contribute to the DIFA Fund and abide by the terms and regulations guiding the Ghana Association of the Capital District (GACD) and the DIFA Fund.

I have elected to join the: \$500 block \$300 block \$200 block \$100 \$50

And list the following two (2) family members for which I may need this benefit

I.age of

II.age..... of

In case I do not live long enough to realize this important goal of mine, my benefits should be paid to the following family members:

1.relation.....%.....
2.relation.....%.....
3.relation.....%.....
4.relation.....%.....

I understand that the GACD executives and/or DIFA Fund managers reserve the right to cancel my membership and return the appropriate percentage of my contributions to me **without interest** should I fail to live up to the terms and regulations of GACD and the DIFA Fund.

*I also understand that GACD and the DIFA Fund has all the **legal rights** to pursue any contributions I may have missed after leaving the GACD and the DIFA Fund.*

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(Signature)

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(Date)