

AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C., E.O. 9397.

PRINCIPAL PURPOSE: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

ROUTINE USES: Information may be released to computer service centers and other accounting services when such centers and services act as authorized agents of organizations specified by the member to receive allotments. Disclosure may be made to the Federal Reserve System when payment of allotment is made through the electronic fund transfer system to financial organizations. Records may also be disclosed to Congress; allottees, Secret Service; General Accounting Office, Federal, State and local courts; U.S. Treasury; and to the Department of Justice, in some cases for prosecution, civil litigation, or for investigative purposes.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the SSN may result in the member not being able to start, change, or stop allotments.

TO BE COMPLETED BY ALLOTTER

1. BRANCH OF SERVICE (X one) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY		2. NAME OF ALLOTTER (Last, First, Middle Initial) (Print or type)		3. SSN		4. PAY GRADE	
5. ADDRESS OF ALLOTTER (Street or Box Number, City, State, ZIP Code)				6. DAYTIME TELEPHONE NUMBER (Include Area Code)		7. EFFECTIVE DATE (YYYYMM)	
9. NAME OF ALLOTTEE (First, Middle Initial, Last) NGALA INS				10. ALLOTMENT ACTION (X one) <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE		8. MONTHLY AMOUNT OF ALLOTMENT \$	
12. CREDIT LINE (If applicable)				13. ALLOTMENT CLASS AUTHORIZED (X one) <input type="checkbox"/> C - CHARITY/CFC <input type="checkbox"/> D - DISCRETIONARY ALLOTMENTS (Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2)) <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION (Red Cross, Relief Society, etc. - Navy and Marine Corps only) <input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES <input type="checkbox"/> - OTHER (Specify)			
14. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, ZIP Code) P O BOX 90707 LAFAYETTE LA 70509				11. TERM IN MONTHS			
15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Province, Country)				16. REMARKS			
17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER				18. ACCOUNT NUMBER/POLICY NUMBER			
19. TOTAL CLASS L AMOUNT \$				20. TOTAL CLASS T AMOUNT \$			

STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:

- Ensuring that the information is correct;
- Reviewing my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- Collecting overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- Contacting the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

21. SIGNATURE OF ALLOTTER	22. DATE (YYYYMMDD)
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NOTE 1. Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.

NOTE 2. This is a voluntary allotment and can be to any payee you desire.

**AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
ENROLLMENT FOR GROUP LIFE INSURANCE
NATIONAL GUARD ASSOCIATIONS OF LOUISIANA**

Policy Number _____ Effective Date _____ Unit Code No. _____

I am now an active member of The National Guard. I hereby make application for life insurance for which I am eligible under the Group Insurance Contract issued to National Guard Associations of Louisiana, by the American Equity Investment Life Insurance Company of Des Moines, Iowa. The following statements and answers are true and correct to the best of my knowledge and belief.

NAME _____ GRADE _____ SSN _____
Last First Middle

MAILING ADDRESS _____
No. (RFD) City State Zip

BENEFICIEARY _____ RELATIONSHIP _____

NATIONAL GUARD UNIT _____ HOME TELEPHONE _____

MEMBER'S DATE OF BIRTH _____ PLACE OF BIRTH _____ DATE OF ENLISTMENT _____
Mo./Day/Year State Mo./Day/Year

1. Height _____ ft. _____ in. Weight _____ Lbs. Married Single
2. Do you or your dependents know of any impairments now existing in you health or physical condition? Yes No
3. Have you or your dependents had any illness or injuries during the past 3 years? Yes No
4. Have you or your dependents ever had any of the following: Tuberculosis, Rheumatism, Disease of Heart, Lungs, Stomach, Kidney, Liver, Brain or any other disease or illness? Yes No
5. Have you or your dependents been absent from your regular duties due to illness or injury during the past six months? Yes No
6. Have you ever been refused, postponed or rated-up by a life insurance company? Yes No
 If so, give name of company, date and cause _____

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, INDICATE BELOW THE NATURE OF THE ILLNESS OR INJURY, DURATION, SEVERITY, WITH DATES AND DETAILS AND THE NAME OF PHYSICIAN.

THIS APPLICATION IS REQUESTED FOR:			<input type="checkbox"/> NEW ENROLLMENT	<input type="checkbox"/> INCREASE
GUARD MEMBER:		DEPENDENT		SPOUSE
1. <input type="checkbox"/> \$5,000 (\$2.00)	8. <input type="checkbox"/> \$40,000 (\$13.67)	2. <input type="checkbox"/> \$2,000 (\$1.33)	1. <input type="checkbox"/> \$5,000 (\$2.00)	
2. <input type="checkbox"/> \$10,000 (\$3.66)	A. <input type="checkbox"/> \$50,000 (\$17.00)	3. <input type="checkbox"/> \$5,000 (\$3.33)	2. <input type="checkbox"/> \$10,000 (\$3.66)	
4. <input type="checkbox"/> \$20,000 (\$7.00)		4. <input type="checkbox"/> \$10,000 (\$6.66)	5. <input type="checkbox"/> \$25,000 (\$8.67)	
5. <input type="checkbox"/> \$25,000 (\$8.67)				
6. <input type="checkbox"/> \$30,000 (\$10.34)				

COMPLETE FOR DEPENDENT OR SPOUSE COVERAGE

Spouse: _____ Spouse DOB: _____
Last First Middle Mo./Day/Year

Number of Children Under Age 21: _____ DOB of Oldest Child Under Age 21: _____
Mo./Day/Year

ACKNOWLEDGEMENT AND AUTHORIZATION: I hereby authorize any physician, hospital, clinic, insurance company, the Medical Information Bureau, or other organization, institution or person that has any records or knowledge of me or of any member of my family or my (our) health to give this requested information to the American Equity Investment Life Insurance Company (or its reinsurers). A photographic copy of this authorization shall be as valid as the original. I hereby assign any experience premium refunds to The National Guard Associations of Louisiana to be used for purposes which benefit the policies and programs of the National Guard Associations of Louisiana. I acknowledge receipt of form 5609, "Your Insurance Application and How it is Handled". **Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Dated in _____ this _____ day of _____ 20____
City, State

Signature of Witness Signature of Member

LOUISIANA NATIONAL GUARD ENLISTED ASSOCIATION

LANGEA MEMBERSHIP APPLICATION

DATE: _____

Please print and fill in the appropriate information, then mail it to: LANGEA, P.O.BOX 241 Arabi, LA 70032.

Yes, I want to join LANGEA/EANGUS and take advantage of the great benefits, and I want to be a member of the TWO organizations that are fighting to protect the benefits of all enlisted members of the National Guard.

Name: _____ Grade/Rank: _____
(LAST) (FIRST) (MI)

Date of Birth: _____ Social Security Number: _____

Address: _____ City/State/ZIP Code: _____

Telephone Number: H (_____) _____ W (_____) _____

E-Mail Address: Home: _____ Work: _____

Spouse Names: _____ Refereed by: _____

Branch of Service: Army Air Unit: _____ Location: _____

Membership Category: AGR TECH M-DAY RETIRED

Membership Type: ANNUAL LIFE ASSOCIATE

I understand that, with acceptance of my application, \$1,000 AD&D Insurance (EANGUS), \$500.00 AD&D Insurance (LANGEA) and such other benefits as may become effective during my membership will cover me.

One Year - \$18.00 Allotment For payment of dues under the insurance program, complete this form and allotment form (blocks 1-6 and signature and date) and an insurance form, along with a one time check/cash for \$9.00, and mail to above address. Lifetime Membership as IAW dues on this page. The amounts LANGEA/EANGUS will be added together for cost at that age pay that amount. Example: If you are age 30 yrs old and join as a lifetime member for LANGEA, you pay: \$270.00 (plus \$10.00 Administration Fee) for a total of \$280.00; if you join both LANGEA & EANGUS, you pay: LANGEA \$270.00. EANGUS \$280.00, (PLUS A \$10.00 Administration Fee) for a total of \$560.00. Please make your check payable to: LANGEA

Signature: _____

| LANGEA EANGUS
AGE AMT |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 18 \$378/\$388 | 27 \$297/\$307 | 36 \$216/\$226 | 45 \$135/\$145 | 54 \$54/\$100 |
| 19 \$369/\$379 | 28 \$288/\$298 | 37 \$207/\$217 | 46 \$126/\$136 | 55 \$45/\$100 |
| 20 \$360/\$370 | 29 \$279/\$289 | 38 \$198/\$208 | 47 \$117/\$127 | 56 \$36/\$100 |
| 21 \$351/\$361 | 30 \$270/\$280 | 39 \$189/\$199 | 48 \$108/\$118 | 57 \$27/\$100 |
| 22 \$342/\$352 | 31 \$261/\$271 | 40 \$180/\$190 | 49 \$99/\$109 | 58 \$18/\$100 |
| 23 \$333/\$343 | 32 \$252/\$262 | 41 \$171/\$181 | 50 \$90/\$100 | 59 \$9/\$100 |
| 24 \$324/\$334 | 33 \$243/\$253 | 42 \$162/\$172 | 51 \$81/\$100 | 60 00/\$100 |
| 25 \$315/\$325 | 34 \$234/\$244 | 43 \$153/\$163 | 52 \$72/\$100 | |
| 26 \$306/\$316 | 35 \$225/\$235 | 44 \$ 144/\$154 | 53 \$63/\$100 | |

LANGEA /EANGUS Membership Dues is a Anniversary Year {Example 1 April through 31 March}

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LANGEA MEMBERSHIP RECEIPT

To: _____

Date: From _____ To _____ Membership Year: _____ Amount Paid: _____

 LANGEA Directors Signature
 LANGEA Membership Fm1 **Dated 20 November 2003**
ALL OTHER FORMS ARE OBSOLETE