

Jan Wooten Security Plan Form

I, _____ would like to belong to the \$40 Jan Wooten Security Plan. I agree to abide by the guidelines set up by the IAAE Board of Control.

Signature _____ Date _____

• 1st Beneficiary _____

Name _____ Phone _____

Full Address (Street, RR or Box No., Town, State & Zip Code)

• 2nd Beneficiary

Name _____ Phone _____

Full Address (Street, RR or Box No., Town, State & Zip Code)

• 3rd Beneficiary

Name _____ Phone _____

Full Address (Street, RR or Box No., Town, State & Zip Code)

Jan Wooten Security Plan For Spouses

I, _____ would like to belong to the \$20 Jan Wooten Security Plan. I agree to abide by the guidelines set up by the IAAE Board of Control.

Signature _____ Date _____

• 1st Beneficiary _____

Name _____ Phone _____

Full Address (Street, RR or Box No., Town, State & Zip Code)

• 2nd Beneficiary

Name _____ Phone _____

Full Address (Street, RR or Box No., Town, State & Zip Code)

• 3rd Beneficiary

Name _____ Phone _____

Full Address (Street, RR or Box No., Town, State & Zip Code)

Return completed form to:

IAAE Executive Director

c/o Scott Johnson

3701 N. Old US Hwy. 421

Greensburg, IN 47240