SBTM-NCDM-CF-001

NON-CAMEROONIAN DESCENT MEMBERSHIP CONSENT FORM

I,			, residing at									
					, I h	ereby	state	tha	nt I a	m aware	e that I	
have been enro	olled with	n Se	OBATAM since		/	_/20_	1	Мy	SOB	ATAM	ID is:	
		. I	fully consented	to a	and	appro	ved	of	this	action,	and I	
acknowledge	that	Ι	willingly	desi	ignat	ted	as		my	bene	eficiary	
				,				residing		at		

The beneficiary designation shall remain valid until revoked in writing.

_____/_____

Member's Telephone/Email

Member's name

Member's signature (signed in presence of said Notary Public)

Notary Public's signature

____/___/____

Subscribed and sworn before me on

on this date (mm/dd/yyyy)

____/___/____

My commission expires on this date

Notary Public Seal

SBTM-NCDM-CF-001 INSTRUCTIONS

This form must be signed by a current member of SOBATAM who is not of Cameroonian descent or an immediate relative (spouse/domestic partner, child, mother, father) of a member of Cameroonian descent, to continue his/her membership with SOBATAM.

The form must be signed before a Notary Public whose commission is still valid and who requires providing fingerprints.

- 1. Fill out the form with your full name, address, SOBATAM ID and the full name and address of the person currently designated as your beneficiary on SOBATAM files.
- 2. Sign the form in front of a Notary Public
- 3. Email a copy of the form along with a copy of your photo ID at <u>registration@sobatam-na.org</u>
- 4. Keep the original signed form for your record.

Note that the date of enrollment corresponds to 90 days before the benefit activation date that appears in the group summary provided by SOBATAM.

The administrator of the group or the member with a SOBATAM account can also view this information by login on their SOBATAM account.

To get a SOBATAM account, a member simply needs to provide an email address.