

MERGER APPLICATION (Each Branch Must Complete)

Br No. _____ accepts merger of Br No. _____
Address: _____
City/State : _____ ZIP: _____
Date of Notice Meeting: _____
(At least 30-days notice)
Date of Meeting: _____
Number of eligible members present: _____
(active and retired members)
Number of votes for: _____
Number of votes against: _____
Signed: _____
(President and Branch No.)
Branch phone number: _____
Home/work phone number: _____
Cell phone number: _____
Signed: _____
(Secretary and Branch No.)
Home/work phone number: _____
Cell phone number: _____
Does the merging branch have any of MBA's Supplemental
Group Insurance G-001 Policy plans? YES _____ NO _____
If yes, please contact MBA for further instructions.

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Does the merging branch have any of MBA's Supplemental
Group Insurance G-001 Policy plans? YES _____ NO _____
If yes, please contact MBA for further instructions.

Surviving Branch Name and Branch Number: _____

In Addition to the Above, Each Branch Must Include: 1) A copy of the resolution adopted by the Branch and 2) A statement of the reason(s) for desiring the merger.