

ACC BEREAVEMENT AND ENDOWMENT FUND WAIVER FORM

I, [_____], hereby acknowledge and agree to the following terms as a condition of my enrollment and participation in the ACC Bereavement and Endowment Fund:

- **Contribution:** I agree that my contribution to the Fund is voluntary and is not refundable except as specifically provided for in the Fund's terms.
- **No Guarantee:** I understand that the Fund does not guarantee a specific benefits package and that any benefits that may be paid out are subject to the terms and conditions of the Fund as outlined in the Fund's governing documents.
- **Release of Claims:** I hereby release the Fund, its trustees, officers, employees, and agents from all liability for any loss or harm I may suffer due to my participation in the Fund, except where the loss or harm is due to the gross negligence or intentional misconduct of the Fund or its agents.
- **Accuracy of Information:** I certify that all information I have provided in connection with my enrollment in the Fund is true and accurate to the best of my knowledge.
- **Privacy:** I understand that personal information collected during the enrollment and participation process will be used in accordance with the Fund's privacy policy, and may be disclosed to necessary parties as required by law.
- **Amendment of Terms:** I acknowledge that the terms of the Fund may be amended from time to time, and I agree to be bound by the terms as amended.
- **Governing Law:** This waiver and my participation in the Fund will be governed by the laws of the jurisdiction in which the Fund operates.

By signing this form, I affirm that I have read and understood the terms of this waiver and agree to be bound by them as a condition of my enrollment and participation in the ACC Bereavement and Endowment Fund.

Participant Signature: _____ Date: _____

My Beneficiary: Legal Names

- 1)
- 2)
- 3)

Signed: _____

Date: _____



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720-240-8672



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