

**Silent Angels Board Validation Addendum**

*Completed Validation Addendum required to be signed by either Board/Association President, Officer or Association Executive*

Association Name: \_\_\_\_\_

Beneficiary Name(s): \_\_\_\_\_

I, \_\_\_\_\_ confirm that beneficiary named above is a  
(check one)  member (*circle one*: past or present) or  a member/board affiliate (*circle one*: past or present).

If, member/board affiliate checked, please describe affiliation (i.e. spouse, child, etc): \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Circle One): Board/Association President, Board/Assn Officer or Association Executive*