



Coast Guard Mutual Assistance

Pre-Authorization Form

CGMA Sponsor Information

| | | | | |
|---|--|------|---------------------|-----------------|
| Name: Last | First | M.I. | Social Security No. | Employee ID No. |
| | | | - - | |
| Rank/Rate/Grade: | Current Duty Station (if applicable) and OPFAC | | Unit Telephone No: | |
| | | | () - | Ext |
| Home Address: Street | Apt. No. | City | State | Zip Code |
| | | | | |
| Home Telephone No: | Home E-Mail Address | | | |
| () - | | | | |
| Status: (Please check one) | | | | |
| <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> NAF <input type="checkbox"/> PHS <input type="checkbox"/> CGMA | | | | |

Authorization for Family Member to Receive Assistance

During the period I am deployed, underway or otherwise separated from my immediate family, I authorize Coast Guard Mutual Assistance to provide necessary financial assistance, up-to the amount indicated, to the family member listed below on my behalf and without my specific approval.

| | | | | |
|---------------------------------|---|------|------------------------|----------|
| Name: Last | First | M.I. | Social Security Number | |
| | | | - - | |
| Home Address: Street | Apt. No. | City | State | Zip Code |
| | | | | |
| Home Telephone No: | Relationship to CGMA Sponsor: (Please check one) | | | |
| () - | <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other | | | |
| Amount Authorized Not to Exceed | Dates Authorization is Valid (Not to exceed 12 months) | | | |
| \$ | From: / / To: / / | | | |

I understand that I will be responsible for repayment if assistance is provided as a loan. Further, if the assistance is provided as a loan, I authorize Coast Guard Mutual Assistance to start an allotment for the amount of the loan (Active Duty, Retired Members and Civilian Employees only). I understand that allotment terms will be based on the best information available at the time assistance is provided and will be reviewed by the family member listed. Further, I understand that it will be the responsibility of the family member using this Pre-Authorization to provide me with notification concerning any assistance provided, along with information pertaining to the terms of any allotment or other repayment terms.

I understand that any assistance to my family members will depend on the merits of the situation and the policies and procedures of Coast Guard Mutual Assistance. I also understand that this authorization does not establish a line of credit with Coast Guard Mutual Assistance.

I certify that all information contained herein is true, accurate and complete.

CGMA Sponsor's Signature _____ Date ____/____/____

Witness's Signature _____ Date ____/____/____