



MISSOURI FIRE FIGHTERS  
CRITICAL ILLNESS POOL

## MFFCIP Trustee/Board Nomination Form

The governing body of \_\_\_\_\_

being a member of the Missouri Fire Fighters Critical Illness Trust and Pool ("Pool"), hereby puts into nomination \_\_\_\_\_ to serve on the Pool Board of Trustees pursuant to Article III of the Trust and Pool Agreement.

Approved by the Governing Body this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_  
Appropriate Designated official

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

Title: \_\_\_\_\_

Member Organization Name: \_\_\_\_\_

Pool Trustee nomination forms may be submitted electronically to [mffcip@mcgriff.com](mailto:mffcip@mcgriff.com) or mailed to the MFFCIP Administrator, c/o McGriff Insurance Services, LLC, PO Box 1539, Portland, OR 97207.