

S-E-C-R-E-T

91249
27 APR 62 8

LIFE INSURANCE APPLICATION (CONTRACT LIFE)				POLICY NO. _____
NAME OF EMPLOYEE (P) <u>Mario</u> <u>H K</u> <u>GIORDANO</u>				EFFECTIVE DATE _____
First	M.	Last	TOTAL PREMIUM PAID _____	
Date of Birth <u>13 Sep 1904</u>	Monthly Premium _____	Annual Salary <u>7635</u>	Insurance Class <u>III</u>	FOR HQ DESK USE COMPONENT <u>SR/6/Support</u>
(CHECK APPROPRIATE BLOCK)				ROOM NO. <u>5-C-18</u>
Male <input checked="" type="checkbox"/>	Full-time employee			BLDG. <u>Langley</u>
Female <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	EXT. <u>6605-6605</u>	
NAME OF BENEFICIARY (T) <u>Mrs. Selma E</u>				RELATIONSHIP <u>wife</u>
First and Middle Only				
DATE SIGNED <u>27 Apr 1962</u>				<u>Mario K Giordano</u> (P) SIGNATURE OF EMPLOYEE

check # 1391870 in the amount of \$24.00
 acct. # 0511 0055 902 00 072
 American Security and Trust Co.

27 Apr 1962

(Date)

TO :

SUBJECT: Authority to Make Payroll Deductions

I hereby authorize you to deduct the sum of \$ 12.-- per pay period
 from my salary starting with the pay period beginning _____.

These deductions are to continue until terminated by me in writing.

Mario K Giordano
 (P) Signature

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DECLASSIFIED AND RELEASED BY
 CENTRAL INTELLIGENCE AGENCY
 SOURCES METHODSEXEMPTION 3B2B
 NAZI WAR CRIMES DISCLOSURE ACT
 DATE 2006