

Locals 302 and 612 of the International Union of Operating Engineers Trust Funds

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Administered by
Welfare and Pension Administration Service, Inc.

APPLICATION FOR RETIREMENT (Alternate Payee)

1. Name: _____ 2. Social Security No.: _____

3. Address: _____
Street City State Zip Code

4. Home Phone No.: (____) _____ 5. Birth Date*: _____

*NOTE: Attach copy of documentary proof of age as specified on the reverse.

6. Marital Status: Single Married

7. Name of Beneficiary: _____ Relationship: _____

Address of Beneficiary: _____
Street City State Zip Code

8. Please enter the following information regarding your former spouse (if known):

Name: _____ Birth Date: _____ Social Security No.: _____

9. Is your former spouse currently retired and receiving benefits? Yes No

Enclosed herewith is a copy of my Birth Certificate and proof of any and all of my name changes.

NOTARIZATION:

Subscribed and sworn to before me

this _____ day of _____, 20_____

Notary Public's Signature: _____

Notary Public in and for the State of _____

Residing at _____

Commission expires: _____

Signature: _____

Date: _____