

APP-1005

**ALASKA PLUMBING AND PIPEFITTING INDUSTRY PENSION PLAN
PARTICIPANT ENROLLMENT CARD**

INSTRUCTIONS: Please provide all information indicated and sign the form. Note, the information requested on this form, must be completed, kept current and be on file with the Administration Office before trust benefits will be paid. **NOTE:** You must mail two copies of this form to: **Administration Office, P.O. Box 34203, Seattle, WA 98124-1203**, it is recommended that you also keep a copy for your records.

EMPLOYEE NAME	LAST	FIRST	MIDDLE INITIAL	LOCAL UNION #							
FULL HOME ADDRESS	CITY		STATE	ZIP							
EMPLOYEE SOCIAL SEC. NO.					EMPLOYEE BIRTH DATE	MO.	DAY	YR.	EMPLOYEE SEX	CIRCLE ONE M F	
UNION ENTRY DATE IN LOCAL #367 OR #375								MO.	DAY	YR.	UNION CARD #

I HEREBY DESIGNATE THE FOLLOWING BENEFICIARY TO RECEIVE ANY DEATH BENEFITS DUE ME THROUGH THE PLAN

NAME OF BENEFICIARY	LAST	FIRST	MIDDLE INITIAL	BENEFICIARY SS#	SEX	RELATIONSHIP	BIRTH DATE	MO.	DAY	YR.
PENSION PLAN										

**IN THE EVENT THAT MY BENEFICIARY, AS DESIGNATED ABOVE, PRECEDES ME IN DEATH,
I DESIGNATE THE FOLLOWING AS MY CONTINGENT BENEFICIARY(IES)**

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	BIRTH DATE (Mo/Day/Year)	RELATIONSHIP TO EMPLOYEE	BENEFIT
				%
				%

Unless otherwise noted, if two or more beneficiaries are named, proceeds shall be paid in equal shares to the above beneficiaries.

I verify that the information above is true and complete to the best of my knowledge.

Signature (must be signed by participating employee)

Date