

DISTRICT No. 9, I. A. OF M. & A. W.

PENSION TRUST ENROLLMENT FORM

This form must be completed in full by our member and submitted to the Fund Office. It is important that we be informed of any changes to this information.

Please fill out Sections 1 and 2.

Section 1: Member Information	Last Name:		First:		Middle Initial:		Social Security Number:			
	Home Address:						Date of Birth:			
	City:			State:		ZIP Code:		Home Phone:		
	Cell Phone:									
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Employer:					Date Employed:		
	Automotive Classification: <input type="checkbox"/> Journeyman <input type="checkbox"/> Specialist <input type="checkbox"/> Helper <input type="checkbox"/> Other: _____									
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated										

Section 2: Beneficiary Information	Last Name, First, Middle Initial:					Date of Birth:				
	Address, City, State, ZIP:						<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			
	Relationship:				Beneficiary Social Security Number:					
	Last Name, First, Middle Initial:					Date of Birth:				
	Address, City, State, ZIP:						<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			
	Relationship:				Beneficiary Social Security Number:					
	Last Name, First, Middle Initial:					Date of Birth:				
	Address, City, State, ZIP:						<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			
	Relationship:				Beneficiary Social Security Number:					

Office-Use Only:	Employer Number:		Past Service Years:		Past Service Benefits:		
	Effective Date of Participation:			Age and Date of Normal Retirement:			

Member Signature: _____

Date: _____

DISTRICT No. 9, I. A. OF M. & A. W. PENSION TRUST
12365 St. Charles Rock Road
Bridgeton, MO 63044

