

RETIREMENT ENROLLMENT / BENEFICIARY RECORD

OFFICE USE ONLY

Last Name _____ First _____ Initial _____

Street Address _____

City _____ State _____ Zip Code _____

SOCIAL SECURITY NUMBER _____ BIRTH DATE _____ / _____ / _____
(MONTH DAY YEAR)

EMPLOYER _____ DATE EMPLOYED _____

NOTE: Beneficiary must be spouse if married.

BENEFICIARY _____
Last Name _____ First _____ Initial _____ Relationship _____

BENEFICIARY ADDRESS _____

BENEFICIARY BIRTH DATE _____ / _____ / _____
(MONTH DAY YEAR)

SIGNATURE OF MEMBER _____ DATE SIGNED _____

OFFICE AND PROFESSIONAL EMPLOYEES LOCALS 30 & 537 RETIREMENT TRUST FUND
13191 Crossroads Pkwy. N., Suite 205, City of Industry, CA 91746-3434 - Phone: (562) 463-5065