

Automotive Machinists Pension Trust

Mailing Address 15 82nd Drive, Suite 110, Gladstone, OR 97027
Phone (206) 441-7574 or (800) 732-1121 • Fax (206) 505-9727 • Website www.automotivemachinistspension.com
Administered by
Welfare & Pension Administration Service, Inc.

APPLICATION FOR RETIREMENT

(Alternate Payee)

Please print or type the following information

Name (Last, First, Middle Initial)		Social Security Number
Mailing Address (Street, City, State, Zip)		
Birth Date (MM/DD/YYYY) ¹ () ()		Marital Status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married
Home Phone No.	Cell Phone No.	Email Address

¹ Attach a copy of documentary proof of age.

Beneficiary Information:

Name of Beneficiary (Last, First, Middle Initial)	Relationship
Mailing Address of Beneficiary (Street, City, State, Zip)	

Former Spouse Information: Please enter the following information regarding your former spouse (if known).

Name (Last, First, Middle Initial)	Is your former spouse currently retired and receiving benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date (MM/DD/YYYY)	Social Security Number

Notarization:

Subscribed and sworn to me this _____ day
of _____, 20 _____
month year

Notary Public Signature

Notary Public in and for the State of _____

Residing at _____

Commission expires: _____

Applicant Authorization:

Signature of Applicant

Date

This application requires a copy of your Birth Certificate and proof of any and all name changes. Enclose these documents with your completed and signed form.