

# 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](http://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) <sup>1</sup> ( ) ( )		Marital Status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married
Home Phone No.	Cell Phone No.	Email Address

<sup>1</sup> 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.**