

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.

Beneficiary Designation Form

Print or type the following information

| | |
|--|---|
| NAME OF MEMBER | |
| Last: | First: MI: |
| SOCIAL SECURITY NUMBER | LOCAL NUMBER |
| ADDRESS OF MEMBER | |
| Street: | City: State: ZIP: |
| GENDER <input type="checkbox"/> M <input type="checkbox"/> F | MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married |
| MEMBER DATE OF BIRTH | PHONE NUMBER |
| Month: Day: Year: | () |
| MEMBER PHONE NUMBER | MEMBER EMAIL ADDRESS |
| SPOUSE NAME | SPOUSE SOCIAL SECURITY NUMBER |
| BENEFICIARY DESIGNATION Lump-Sum Death Benefit (You may select anyone, if single, otherwise spouse must be named.) | |
| NAME OF BENEFICIARY | |
| Last: | First: MI: |
| ADDRESS OF BENEFICIARY | |
| Street: | City: State: ZIP: |
| I hereby certify that the above information is true, correct and complete to the best of my knowledge and supersedes any beneficiary designation signed prior to the date shown below. | |
| DATE OF SIGNATURE | SIGNATURE |

Complete this form, insert into an envelope and mail to:

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