

# 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.

## Pension Inquiry

*Print or type the following information*

Member's Last Name	Member's First Name	Member's Middle Name
Social Security No.	Birth Date (mm/dd/yyyy)	Home Phone No.
Mobile Phone No.	Email Address	
Home Address		
City	State	Zip Code

**If you are currently married, please enter your spouse's information below.**

Spouse's Last Name	Spouse's First Name	Middle Initial
Spouse's Social Security No.	Spouse's Birth Date (mm/dd/yyyy)	

**List all of the local unions in which you have held membership or under whose jurisdiction you have worked in the industry below.**

Local Union	City and State	Dates of Membership	
		From (month/year)	To (month/year)

I would like to request the following information:

- Estimate of benefits utilizing current information
  - Specify estimated date(s) of Retirement \_\_\_\_\_
  - or
  - Specify estimated age(s) of Retirement \_\_\_\_\_
- Include Spouse Options
- I need an Application for Pension. I plan on retiring effective \_\_\_\_\_
- Other \_\_\_\_\_

**Complete and sign the second page of this form.**

**Pension Inquiry**  
(continued)

**Employer Work History**

If you would like a work history report of your hours with this Trust, please provide the following information:

Start date of employment with this Trust: \_\_\_\_\_

Time period of work history needed (i.e. last 5 years): \_\_\_\_\_

The reason for my request: \_\_\_\_\_

**Forms and Plan Booklet**

Send me the following documents (check boxes below):

- Plan Booklet/Summary Plan Description
- Enrollment/Beneficiary Form
- Application for Retirement
- Change of Address Form
- Other \_\_\_\_\_

**Other Inquires**

Please specify any other inquiries or questions you may have regarding the Pension Plan below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Method of Delivery**

Please specify how you wish this information to be delivered to your attention. Work histories for employment on and after May 1, 1992 can be emailed to you.

- Mail
- Email

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**Complete, sign and return this form to the Administration Office in one of the following ways:**

1. Mail:  
Automotive Machinists Pension Trust  
15 82nd Drive, Suite 110  
Gladstone, OR 97027
2. Fax: (206) 505-9727
3. Email: forms@wpas-inc.com