

Automotive Machinists Pension Trust

Physical Address: 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address: PO Box 34203, Seattle, WA 98124
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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 M F	MARITAL STATUS Single 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:

Automotive Machinists Pension Trust
 PO Box 34203
 Seattle, WA 98124