EMPLOYEE ENROLLMENT CARD DESIGNATION OF BENEFICIARY*

FOR THE WEST VIRGINIA LABORERS' WELFARE AND PENSION TRUST FUNDS

ast Name		First Name		Middle Name		
lome Address					Home Telephone	
Date of Birth	☐ Married	Local Union No.	Local Union Entry	Social Securit	Security No.	
	Single Wid.		Date			
		•	nple: MARY C. JON		rity #	
lame		F	Relationship		rity #	
NameAddress	and have designated someo	ne other than your spections. Please cont	Relationship pouse to receive your death	Social Secur	rity # n not honor your designation un d at (304) 342-5142 for more infor	

YOU MUST SUBMIT MARRIAGE CERTIFICATE AND BIRTH CERTIFICATES FOR YOUR SPOUSE AND ALL CHILDREN UNDER 26 YEARS LISTED BELOW

	1.470	DEL 4710110111D	COCIAL OFFICIAL	DATE OF DIDT		
NA NA	MES	RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRT		

TC	BE COMPLETED BY	YOUR UNION	OFFICE ONLY			
ate of Initiation	Date of Withdra	Date of Withdrawal		Date of Reinstatement (Latest)		
If member transferred in	from another local union, pl	ease complete the	following:			
Date Transferred into		20				
	Located in					
Remarks						
D (1.31)						