

Enrollment Form for the West Virginia Laborers' Profit Sharing Plan

The West Virginia Laborers' Profit Sharing Plan has received hours and contributions on your behalf. You may be eligible for retirement benefits. Please complete this document and mail it to our office at: 1 Union Square, Suite 200, Charleston, WV 25302. You may fax it to 304-342-2610. You may also fill out the online Enrollment Form through our Participant Portal at <http://www.wvlaborers.com/>.

Full Legal Name: _____ Date of Birth: ____/____/____

Home Mailing Address: _____

Select one: _____ Local Union* No. _____

Social Security Number: ____ - ____ - ____ Local Entry Date: ____/____/____

Phone Number (Select one: _____): ____ - ____ - ____

Email Address: _____@_____._____

Participant's Signature: _____

Designation of Beneficiary:

Full Legal Name: _____ Relationship: _____

Home Mailing Address: _____

Social Security Number: ____ - ____ - ____

*Please note that if you are married and have designated someone other than your spouse to receive your death benefits, the Plan cannot honor your designation unless both you and your spouse complete additional documentation. Please contact the Fund Office at 304-342-5142 for more information. You may change your beneficiary at any time by providing the proper documentation.