WESTERN METAL INDUSTRY PENSION FUND

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124

Phone (206) 664-7300 or (800) 426-7132 • Fax (206) 695-0984 • Website: www.wmipension.org

EMPLOYEE ENROLLMENT & BENEFICIARY CARD

PRINT IN PEN (OR TYPE) ALL REQUESTED INFORMATION. DO NOT USE PENCIL.

NAME OF EMPLOY	YEE					
Last		First	st		Middle Initial	
SOCIAL SECURITY NO).			EMPLOYEE BIRTH DAT	Έ	
SEX OF EMPLOYEE		□ Male	□ Female	EMAIL ADDRESS		
EMPLOYEE HOME PH	IONE NO.			CELL PHONE NO.		
MAILING ADDRESS O	F EMPLOYEE					
Street Address						
City		Sta	te		ZIP code	
NAME OF EMPLOYER	ł					
DATE OF EMPLOYMENT UNION AND LOCAL				NO.		
MARITAL STATUS	□ Single	□ Married	□ Divorced	□ Widowed		
Current Spouse Name			Birthdate		SSN	
BENEFICIARY IF UNN	IARRIED (FOR	RECEIPT OF ANY PA	AYABLE DEATH B	ENEFITS) Last		
First					Middle Initial	
Address						
Phone				Email Address		
Birthdate				Relation to Employee		
EMPLOYEE SIGNA	TURE				DATE	

NOTE TO EMPLOYER: Be sure to submit new cards for those who have a change in information, in addition to new employees.