

# Local 46 IBEW Retirement Annuity Trust

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Administered by  
Welfare and Pension Administration Service, Inc.

## APPLICATION FOR RETIREMENT

(Alternate Payee)

1. Name \_\_\_\_\_ 2. Social Security No. \_\_\_\_\_

3. Address \_\_\_\_\_

Street City State Zip Code

4. Home Phone No. (\_\_\_\_) \_\_\_\_\_ 5. Birth Date\* \_\_\_\_\_

\*NOTE: Attach copy of documentary proof of age as specified on the reverse.

6. Marital Status:  Single  Married

7. Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Beneficiary \_\_\_\_\_

Street City State Zip Code

8. Please enter the following information regarding your former spouse (if known):

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

9. Is your former spouse currently retired and receiving benefits?  Yes  No

Enclosed herewith is a copy of my Birth Certificate and proof of any and all of my name changes.

### NOTARIZATION:

*Subscribed and sworn to before me*

*this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_*

*Notary Public's Signature:* \_\_\_\_\_

*Notary Public in and for the State of* \_\_\_\_\_

*Residing at* \_\_\_\_\_

*Commission expires:* \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_