## **Puget Sound Electrical Workers Trust Funds**

Physical Address 7525 SE 24th Street Suite 200 Mercer Island, WA 98040 • Mailing Address PO Box 34203 Seattle, WA 98124 Phone (206) 441-4667 or (866) 314-4239 • Fax (206) 695-0984 • Website www.psewtrusts.com

Administered by Welfare and Pension Administration Service, Inc.

## APPLICATION FOR RETIREMENT

(Alternate Payee)

1.	Name 2. Social Security No					
3.	Address					
	Street		ity	State	Zip (	Code
4.	Home Phone No. ()*NOTE: Attach copy of documentary proof of ag					
6.	Marital Status: ☐ Single ☐ Married					
7.	Name of Beneficiary	ne of Beneficiary Relationship				
	Address of BeneficiaryStreet		City		State	Zip Code
8.	Please enter the following information regarding your former spouse (if known):					
	Name Birth Dat	e	Social Security No			
9.	Is your former spouse currently retired and receiv	spouse currently retired and receiving benefits?				
Enclosed herewith is a copy of my Birth Certificate and proof of any and all of my name changes.						
	Signature:					
	OTARIZATION: ubscribed and sworn to before me	Data	ate:			
	his, 20	Date				
N	otary Public's Signature:					
	otary Public in and for the State of					
R	esiding at					
1 ~						