PLEASE PRINT ALL INFORMATION

Social Security No. — —	Local Union No.	Date Entered Industry	Book Number
Last Name Mr., Mrs., Ms. (Circle One)		First	Middle
Address		City	State / Zip Code —

Date of Birth			Marital Status	Date of Marriage		
Month	Day	Year	Single ☐ Widow(er) ☐ Divorced ☐ Married ☐ Separated ☐	Month	Day	Year

Name of Beneficiary	Relationship	Spouse's Data
First Name in Full - Example: Mary A. Doe ☐ Check Box for Additional Beneficiaries		Name
Address of Beneficiary		Date of Birth
Street City State Zip Code		Soc. Sec. No. — —

Employee/Member's Signature - In Full — Date Signed — Witness's Signature — Date Signed

Office Use	
No. of Dep.	Pink Sheet

Iron Workers St. Louis District Council Welfare Plan
Iron Workers St. Louis District Council Pension Trust
Iron Workers St. Louis District Council Annuity Trust Fund

Typographers

Last Name (Employee)	First Name	Initial	Date of Birth		
			Month	Day	Year

Social Security No. — — Telephone No. ( )

Dependents are the spouse and eligible children.

First Name of Eligible Dependents (Do not repeat your name below.)	Dependents' Social Security Number	Date of Birth			Relationship		
		Month	Day	Year	Spouse	Son	Dau.
	— —						
	— —						
	— —						
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	— —						
	— —						
	— —						
	— —						
	— —						
	— —						

Employee / Member's Signature - In Full — Date Signed

Typographers