

Michiana Area Electrical Workers' Pension Fund
PARTICIPANT DATA CARD
(Please Print)

Married
Single
Divorced
Widowed

Name _____ Soc. Sec. No. _____
Last First Middle Initial

Address _____
Street City State Zip Code

Date of Birth _____ Local No. _____ Date of Local Union Membership _____

Participant's Home Phone: _____

Pension Fund death benefit beneficiary:

In compliance with federal law, your beneficiary under the Pension Plan in the event of your death before retirement is automatically your spouse if you have been legally married for one year or more at that time. If you wish to name anyone else as your beneficiary, your spouse must consent in writing using a form available at the Fund Office or Local Union Office. If you are unmarried or have been married less than one year, you may obtain a beneficiary designation form at the Fund Office or Local Union Office.

_____ Date _____ Member's Signature _____

Please print this card, trim along the dotted lines and mail to:

Michiana Area Electrical Workers' Pension Fund
6525 Centurion Drive
Lansing, MI 48917-9275