

RETIREMENT ENROLLMENT / BENEFICIARY RECORD

OFFICE USE ONLY

Last Name _____ First _____ Initial _____

ER# _____

Street Address _____

Entry Date _____

Term _____

City _____ State _____ Zip _____

SS Number: _____ Birth Date: _____ Phone: _____

Employer: _____ Date Employed: _____

NOTE: Beneficiary must be spouse if married. Please list additional beneficiaries on the reverse side of this form.

Beneficiary: _____
Last Name First Initial Relationship

Street Address _____ City _____ State _____ Zip _____

Beneficiary SS Number: _____ Birth Date: _____ Phone: _____

Signature of Member: _____ Date Signed: _____

**OFFICE AND PROFESSIONAL EMPLOYEES LOCALS 30 & 537 RETIREMENT TRUST FUND
c/o Benefit Programs Administration**

1200 Wilshire Blvd., Fifth Floor, Los Angeles, CA, 90017-1906 - Phone: (562) 463-5065 - Fax (562) 741-0946