

# The Ironworkers District Council of the Pacific Northwest Field Ironworkers Annuity Trust Fund

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Administered by Welfare & Pension Administration Service, Inc.

## APPLICATION FOR BENEFITS

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Local Union Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Soc. Sec. #: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Gender:  M  F  
 Legal Marital Status (**Current AND Past, select all that apply**):  
 Never Married  Married  Widowed  Separated  Divorced - Date of Separation/Divorce\* (please note that a copy of your divorce contract may be needed in order for us to process your payout) : \_\_\_\_\_

**\*\*If your marriage(s) was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse. You are required to attach a complete copy of each of your prior dissolution decree(s) and property settlement agreement(s) and/or Qualified Domestic Relations Order(s). The copies must show the document was filed with the court and signed by the judge.**

**If you are currently married, your spouse is your beneficiary.**

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

**If you are not married, please list your beneficiary if you have one.**

Beneficiary's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address of Beneficiary: \_\_\_\_\_

**Name, City, State of your most recent employer in the industry:** \_\_\_\_\_  
 Last Day Worked: \_\_\_\_\_

**Are you currently employed? Select only ONE:**

No, I am unemployed  Yes, I am working at the employer listed above  
 Yes, but I am working somewhere else. **Name, City, State of my current employer:** \_\_\_\_\_  
 Last day worked was/or will be: \_\_\_\_\_

**Have you at any time** been an owner, partner, corporate officer or otherwise involved in the management of any business while covered by an International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Union contract?  No  Yes  
**Are you still the owner/in management of this business?**  No  Yes

If you replied **Yes**, please provide the information requested below and additional information may be requested:

Position of Ownership/Management	Name & Address of Business	Dates Worked (Month/Year)

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_.  
 Notary Public in and for the State of: \_\_\_\_\_  
 Residing at: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_  
**Notary Public Signature** ↓

### NOTARY SEAL

**Member's Signature** ↑

\_\_\_\_\_  
 Print Member's Name  
 Mailing Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Notary: You Must Sign AND Stamp this page**