Cement Masons' Pension Trust Fund – Detroit and Vicinity 30700 Telegraph Road • Suite 2400 • Bingham Farms, MI 48025

(248) 645-6550 • FAX (248) 645-6557

PENSION TRUST FUND DATA FORM

(to be completed by all participants)

Name		SS#						
	(Last)	(First)		(Middle)				
Address								
	(Street)			(City)		(Stat	e)	(Zip Code)
Date of Birth	1	4.)	(D, 1)		(M)	_ Local No.		
	(Me	ontn)	(Date)		(Year)			
I hereby state receive any be following pers	that I am NO enefits that m	be complete T married a	ed only b nd I here	y unma by desig	rried par gnate as i	ticipants) my beneficia	ry/beneficia	
Name	;	Addre	SS			SS#	Relatio	onship
1								
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NOTE: If y	ou name moi	re than one p	erson, a	ny benef	fits payal	ole will be pa	id in equal	shares.
I understand thand will be efficiently be efficiently become legall	fective when for the standard from the standard	received in that this de	the Fund signation	Office and shall a	and only utomatic	if received thally be cance	nere prior to elled if I am	o my
Date				Your	Signatur	e		

Except for your signature, please print or type all other information.