PENSION ENROLLMENT CARD

FOR THE WEST VIRGINIA LABORERS' PENSION TRUST FUND ONE UNION SQUARE, SUITE 200, CHARLESTON, WEST VIRGINIA 25302



Last Name	First Name			Middle Name		
Mailing Address				Home Telep		
Physical Address						
Date of Birth	Married Local Single Q Widow		No.	Social Security No.	Social Security No.	
YOUR NEXT OF KI	N:			****		
Name		Rela	tionship	_Social Security #		
Address						
Date of Signature			Pensioners' Signature in Full			
LIST BEL	OW NAME OF YOU	R WIFE AND A	LL UNMARRIED	CHILDREN UNDER	19 YEARS	
	NAMES	**************************************		SOCIAL SECURITY		
