

TEAMSTERS PENSION TRUST FUND OF PHILADELPHIA & VICINITY
JOINT COUNCIL NO. 53
APPLICATION FOR PARTICIPATION

NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____
CITY STATE ZIP

PHONE #: _____ EMAIL: _____

EMPLOYER NAME: _____

JOB TITLE: _____ WEEKLY WAGES: \$ _____

DATE OF PARTICIPATION: _____

DATE OF BIRTH: _____

SPOUSE'S NAME: _____ SPOUSE'S DATE OF BIRTH: _____

I, the undersigned, as an employee of (*Name of the Union*) _____ hereby make application to participate in the Pension or Retirement Plan, as more fully set forth in the agreement between (*Name of the Union*) _____ and the Teamsters Pension Trust Fund of Philadelphia and Vicinity, and assent to said agreement and to all of the terms and provisions thereof, as well as to the Group Insurance protection therein set forth and to be bound thereby.

I hereby authorize (*Name of the Union*) _____ to deduct five percent (5%) of weekly pay, and to remit the said sum, together with the Union's contribution to the Teamsters Pension Trust Fund of Philadelphia and Vicinity.

I hereby designate my beneficiary below under the said Pension Plan and Group Insurance Protection

BENEFICIARY NAME: _____ RELATIONSHIP: _____

BENEFICIARY ADDRESS: _____
CITY STATE ZIP

YOUR SIGNATURE: _____ DATE: _____