

*Western States Office and Professional Employees  
Pension Fund*

**ENROLLMENT/BENEFICIARY FORM**

New Enrollment     Change in Address     Change in Beneficiary     Change in Name

**PARTICIPANT INFORMATION:**

Participant's Name:\* \_\_\_\_\_ SSN:\* \_\_\_\_\_

Former Name: \_\_\_\_\_ Date of Birth: \* \_\_\_\_\_

Address:\* \_\_\_\_\_  
Street \_\_\_\_\_

Sex:\*     Male     Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No.: \_\_\_\_\_ Member OPEIU Local: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Marital Status:\*     Married     Single, never married     Divorced     Widowed     Other

Spouse's Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**\* Required to properly value your pension and keep you informed.**

**BENEFICIARY INFORMATION:**

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
SSN: \_\_\_\_\_

**IMPORTANT:** Federal Law requires a married participant to name his or her spouse as the sole beneficiary of pension plan benefits unless the spouse consents in writing (next section) to another primary beneficiary designation. For a married Participant, federal law (ERISA) requires that the Plan's normal form of retirement is a Joint and 50% Survivor Annuity. The Joint and Survivor 50% Annuity provides a reduced lifetime pension, and after your death, a lifetime pension for your surviving spouse equal to one-half of the monthly pension paid to you if your spouse survives you. If you have named a person other than your spouse as your beneficiary, your spouse must complete the spousal consent (next section) on the reverse side of this form. Your spouse's signature must be witnessed by a Notary Public or a Plan Representative.

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Administered by A&I Benefit Plan Administrators, Inc.  
1220 SW Morrison St. Suite 300, Portland OR 97205-2222  
(503) 222-7694 (800) 413-4928 Fax (503) 228-0149  
<http://wsp.aibpa.com>

**SPOUSAL CONSENT FORM**

The following must be completed by your spouse if a person other than our spouse is the named beneficiary.

I, \_\_\_\_\_, swear that I am the legal spouse of the above Plan participant. I hereby consent to my spouse naming the beneficiary listed on the reverse side of this form to receive my spouse's survivor's benefit. If my spouse dies before retirement and before my spouse qualifies for early retirement, I understand by this consent that I cannot unilaterally revoke this designation and that I will not be paid a survivor's benefit.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature must be witnessed by a Notary Public or a Plan Representative)

**TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_, County of \_\_\_\_\_

On \_\_\_\_\_, 2\_\_\_\_\_, before me, a Notary Public of said State, duly commissioned and sworn, personally appeared \_\_\_\_\_, known to me (or proved to me on the basis of satisfactory evidence of \_\_\_\_\_) to be the person whose name is subscribed above and acknowledged that the person executed this consent.

\_\_\_\_\_  
Notary Public in and for the said State

\_\_\_\_\_  
Commission Expiration Date

**TO BE COMPLETED BY PLAN REPRESENTATIVE**

Signature of spouse witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ in the presence of: \_\_\_\_\_  
Plan Representative Signature

\_\_\_\_\_  
Form of I.D.

\_\_\_\_\_  
Print Name

**THE INFORMATION REQUESTED ON THIS FORM MUST BE COMPLETED AND THEN BE ON FILE WITH THE FUND'S ADMINISTRATOR IN ORDER TO BE VALID. PLEASE RETURN THIS FORM TO:**

**WESTERN STATES OFFICE & PROFESSIONAL EMPLOYEES PENSION FUND**

Administered by A&I Benefit Plan Administrators, Inc.  
1220 SW Morrison St. Suite 300, Portland OR 97205-2222  
(503) 222-7694 (800) 413-4928 Fax (503) 228-0149  
<http://wsp.aibpa.com>