

*Western States Office and Professional Employees
Pension Fund*

APPLICATION FOR RETENTION OF BENEFITS

If you are no longer in covered employment due to sickness or military service, you should complete this application for retention of benefits and send it immediately to the Administrator's Office at the address listed below.

Name: _____ SSN: _____

Address: _____
Street

City State Zip

Phone Number Email Address

Name of last participating employer: _____

TO THE BOARD OF TRUSTEES:

I hereby apply for retention of benefits. I have terminated employment on

_____ due to sickness, entering military service.
mm/dd/yyyy

Employee Signature Date

(FURTHER INFORMATION MAY BE GIVEN ON REVERSE OF THIS FORM OR BY LETTER.)

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>