NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION TRUST (formerly the Northwest Foundry Workers Pension Trust)

PO BOX 34203

Seattle, WA 98124

(206) 664-7300 / (800) 426-7132

REQUE	ST FOR PARTI	CIPATION STA	ATUS REPORT	
NAME	SOCIAL SECURITY NO			
ADDRESS			TEL. NO	O.
Street and Number	City	State Zip	Code	
SINGLE MARRIED DIVORCED	□ WIDOWED □	LOCAL UNION NO BIRTHDATE		
SPOUSE INFORMATION IF MARRIEI				
	First Name	Last Name	Birth Date	Social Security No.
BENEFICIARY INFO. IF <u>NOT</u> MARRIE	ED First Name	Last Name	Birth Date	Social Security No.
A response will be sent within 30 days number of years of credited service an vesting and eligibility.	d accrued benefit y	ou have earned.	See your retirement pl	
List all employers you worked for in the dates of employment with each employ the final burden of submitting proof sha	er. Your employm	Patternmakers tracent history will be	des. You must furnish	
List present employer first. Then list <i>a</i> Account for any periods of six months worked for an employer under this plan before you think you entered this plan.	or more you were in in a non-bargainii	unemployed and s	tate the reason. Also	include any periods you
NAME OF EMPLOYER Position / Job Title	CITY	LOCAL UNION NUMBER (if any)	DATES OF EMPLOYMENT	
	CITT		FROM (Month, Year)	TO (Month, Yea
PRESENT EMPLOYER		(** 5.1.7)	(,	(mem, rec
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Enter below any service in the United S	States Armed Forc	es.		
Branch of Service			To	
		М	onth Year Mor	nth Year
Signature		Date		