

PERSONNEL INFORMATION FORM

A. EMPLOYEE DATA

PLEASE PRINT	LAST NAME	FIRST NAME (LEGAL)	MIDDLE INITIAL	SOCIAL SECURITY NO.	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
MAILING ADDRESS				HOME/CELL NO.	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED
					<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED
DATE OF BIRTH			TRUST FUNDS			
MONTH	DAY	YEAR	<input type="checkbox"/> PAINTING INDUSTRY TRUST FUNDS		<input type="checkbox"/> CARPET LAYERS TRUST FUNDS	
			<input type="checkbox"/> HAWAII TAPERS TRUST FUNDS		<input type="checkbox"/> HAWAII GLAZIERS TRUST FUNDS	

B. BENEFICIARY DATA

DEATH BENEFITS TO BE PAID TO:

This designation will be used, **AS APPLICABLE**, for your Health & Welfare, Annuity, Pension, Reserve Benefit, Retiree Health, Vacation/Holiday Trust Funds. It will be your responsibility to notify us of any changes you wish to make on this designation. **I UNDERSTAND THAT IF I AM MARRIED AND WISH TO DESIGNATE SOMEONE OTHER THAN MY SPOUSE AS BENEFICIARY FOR MY ANNUITY/PENSION FUNDS, THEN I NEED WRITTEN CONSENT FROM MY SPOUSE TO DO SO, AND THE BACK OF THIS FORM MUST BE COMPLETED AND SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

NAME: _____ ADDRESS: _____ SOCIAL SECURITY NO.: _____ RELATIONSHIP: _____

C. FAMILY DATA

LIST BELOW NAME OF SPOUSE AND ALL ELIGIBLE DEPENDENTS

LEGAL NAME	SOCIAL SECURITY NO.	GENDER	DATE OF BIRTH		
			MONTH	DAY	YEAR
SPOUSE:		M F			
DEPENDENTS:		M F			
		M F			
		M F			

SIGNATURE _____

DATE SIGNED _____

SPOUSAL CONSENT - BENEFICIARY DESIGNATION

I hereby consent to the designation of _____ as my spouse's
(BENEFICIARY)
 beneficiary made herein by _____.
(PARTICIPANT)

Signature of Spouse: _____ Date: _____

NOTARY PUBLIC

State of _____)
 _____) SS.
 County of _____)

On this _____ day of _____, _____ before me personally appeared _____, to me known to be the person described in and who executed that foregoing statement and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and seal.

Signature : _____

Print Name: _____

My commission expires: _____