



Local Unions Supplemental Pension and Severance Fund Trust  
 35 Bardonia Road, Bardonia NY 10954  
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 www.lusptrust.org  
 Michelle - lusptrust@neafcu.com



## MEMBER ENROLLMENT FORM

Complete form in its entirety, then fax, email, or return to the address above.

### Member Information – Please Print Clearly

Name: Ms./Mr. \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Member of:  CWA  NEAFCU

Beneficiary of: \_\_\_\_\_

### Beneficiary Designation – Please Print Clearly

P-Primary

C-Contingent

Name	P/C	%	Address	SSN	DOB	Relationship

\*\* Additional Beneficiaries can be added on back. If more than one beneficiary is designated, surviving beneficiaries will receive equal shares, unless otherwise provided herein. Previous beneficiary designations will be replaced with the most current dated designation. \*\*

I elect to join by making **payroll deduction contributions** (per pay period)

Check one:  \$7.00  \$14.00  \$21.00  Other \$\_\_\_\_\_ (Must be in multiples of \$7.00)

I elect to join by making **automatic deductions** from my NEAFCU account on a \_\_\_\_\_ basis.

Check one:  \$7.00  \$14.00  \$21.00  Other \$\_\_\_\_\_ (Must be in multiples of \$7.00)

I elect to join by making a **lump sum contribution** of \$\_\_\_\_\_ (minimum is \$500.00).

I hereby authorize and direct my employer and/or NEAFCU to withhold allotment specified above and remit to the designated custodial bank. The custodial bank is authorized to accept payments from my employer on my behalf and to deposit such payments into a single consolidated account for transmission to the designated funding agent of the Trust (currently Nationwide Insurance in Columbus, Ohio). I also agree to abide by the policies and rules now in effect which govern the Trust, and any future amendments which may take place.

\_\_\_\_\_  
Signature of Joining Member

\_\_\_\_\_  
Date