



Local Unions Supplemental Pension and Severance Fund Trust
 35 Bardonia Road, Bardonia NY 10954
 Tel 845-367-7625 | Fax 845-735-1503
 Michelle - lusptrust@neafcu.com



CORRESPONDENCE FORM

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

Member Information – Please Print Clearly

Name _____ Social Security # _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Member of: CWA NEAFCU

Beneficiary Designation – Please Print Clearly

| | | | |
|------------------------|------------------------------|---------------------|------------------|
| Beneficiary Name _____ | Social Security Number _____ | Date of Birth _____ | Percentage _____ |
|------------------------|------------------------------|---------------------|------------------|

| | | | |
|------------------------|------------------------------|---------------------|------------------|
| Beneficiary Name _____ | Social Security Number _____ | Date of Birth _____ | Percentage _____ |
|------------------------|------------------------------|---------------------|------------------|

| | | | |
|------------------------|------------------------------|---------------------|------------------|
| Beneficiary Name _____ | Social Security Number _____ | Date of Birth _____ | Percentage _____ |
|------------------------|------------------------------|---------------------|------------------|

**** 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. If a Will has been created by the member, then account will be paid out according to the Will, not the beneficiaries.****

Action Requested:

I have indicated a change of: Name Address Beneficiary

I wish to start or change:

Payroll deductions (per pay period)

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 wish to make a **lump sum contribution** of \$ _____ (minimum is \$500.00).

Please make payable to Nationwide Life Insurance Company

Please send me an Annuity Quote for the follow Certain Only Annuity options:

3 Year 5 Year 10 Year 15 Year 20 Year

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).

Signature of Member _____

Date _____