

**Enrollment Card** Bricklayers and Trowel Trades International Retirement Savings Plan

Name  
(Please Print)

(Last) (First) (Middle)

Address

(Number) (Street)

(City) (State) (Zip Code)

Soc.  
Sec.  
No.

Birth  
Date

Local  
Union

I.U.  
No.

Mo. Day Yr.

Spouse—  
Full Name

(Last) (First) (Middle) Spouse—  
Date of Birth

Mo. Day Yr.

Name of 1st  
Beneficiary

(Last) (First) (Middle) Relationship

Name of 2nd  
Beneficiary

(Last) (First) (Middle) Relationship

Address

(Street and Number) (City) (State) (Zip Code)

Member Signature

Date ( ) Area Code Phone Number