

# SOUND RETIREMENT TRUST

201 Queen Anne Avenue North, Suite 100  
Seattle, Washington 98109-4896  
(206) 282-4500 -or- 1-800-225-7620

## CREDITED SERVICE INQUIRY (THIS IS NOT AN APPLICATION FOR RETIREMENT BENEFITS)

Please print or type the following information:

Name \_\_\_\_\_  
Last First Middle

Previous Name \_\_\_\_\_ Date of Name Change \_\_\_\_\_  
(if any)

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Number City State Zip Code

Local Union # \_\_\_\_\_ Sex:  Male  Female Birthdate \_\_\_\_\_

Marital Status:  Married  Legally Separated  Divorced  Widowed  Single

If you were ever divorced, is there a **DOMESTIC RELATIONS ORDER/PROPERTY SETTLEMENT** in effect awarding a portion of your possible pension benefits to your former spouse?  Yes  No If YES, please provide a complete copy of the Order.

In order to have your Credited Service under the Trust verified, you **must** complete this form showing **all** Personal, Union Membership, and Employment information.

### UNION MEMBERSHIP HISTORY

Please list all of the Local Unions of which you have been a member and the periods of your membership, beginning with your current or most recent membership and working backwards. Please use another sheet of paper if more space is needed.

Local Number	Trust Name	City	State	Initiation Mo. / Yr.	Withdrawal Mo. / Yr.

**Your Inquiry Cannot Be Processed Unless You Complete The Reverse Side Of This Form.**

