

Referred by:

M.A. Name: _____

M.A. ID#: _____

M.A. Email: _____



2565 Alluvial Avenue Suite 142 Clovis, CA 93611
800-274-3204 Facsimile: 661-778-0948
info@americanlaboralliance.org

Date: _____

Regional Office: _____

PARTICIPATION IN ALA RETIREMENT PENSION PLAN & TRUST

ERISA -BONDED NOT FDIC INSURED MAY LOSE VALUE NO BANK GUARANTEE

INFORMATION

Name: _____ Email: _____ Phone : _____ Cell: _____

Address: _____ City: _____ St: _____ Zip: _____

Date of Birth: _____ SSN/ITIN# _____

1st Name of Beneficiary: _____

Address: _____ City: _____ St: _____ Zip: _____

2nd Name of Beneficiary: _____

Address: _____ City: _____ St: _____ Zip: _____

1. I understand that the cost to join as a member into the ALA Trust is \$25.00.

I desire to open up an IRA within the ALA TRUST PENSION.

I desire to open a 401(k) within the ALA TRUST PENSION

2. I choose to make a one-time retirement savings of \$ _____

3. I elect to transfer my current 401k or savings into the ALA Pension Plan & Trust and the Amount is \$ _____

4. Or, I wish to contribute \$ _____ per month to my personal pension.

5. I wish to use a voided check and have automatic withdrawals from my checking account on the _____ of the month. Starting on ____/____/____.

6. I select: ____5 years maturity ____7 years maturity ____10 years maturity.

Representative: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Or, I wish to use my credit/debit card:

Card#: _____ Expires: _____

CVV (3 numbers on back of card): _____ Billing Zip Code: _____

Cell Number for Text Receipt: _____

Signature: _____ Date: _____

M.A. 4/17

