

# UTAH LABORERS' ANNUITY PLAN

## ENROLLMENT FORM

TELEPHONE: (801) 973-1005

TOLL FREE: (800) 928-1001

FAX: (801) 975-1342

### PARTICIPANT INFORMATION

PLEASE PRINT OR TYPE NEATLY

LAST NAME	SR/JR	FIRST NAME	MIDDLE NAME
ADDRESS			
CITY	STATE	ZIP CODE	PHONE#
SOCIAL SECURITY NUMBER	SEX	DATE OF BIRTH	

### BENEFICIARY INFORMATION

NAME AND ADDRESS	RELATIONSHIP	SOCIAL SECURITY NUMBER	ANNUITY PLAN	DEATH BENEFIT (FROM PLAN)

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(SIGN FULL NAME)

**COMPUSYS of UTAH, INC.**

PO BOX 26237

SALT LAKE CITY, UT 84126