

Signature of Member

## **LUSP Trust**

365 Route 304, Suite 204, Bardonia, NY 10954 Tel 845-367-7625 • Fax 845-501-4153 www.lusptrust.org • general@lusptrust.org



Date

Name	Last 4 digits of SSN	Date of Birth _	//
l wish to make a <b>lump s</b> e	um contribution of \$ (min	mum is \$500.00).*	
Make check payable to LUSP	Trust		
			//
Signature of Member			ate
	LUSP Trust		
LUSP	365 Route 304, Suite 204, Bardonia, NY 10	954	
RETIRE WITH DIGNITY	Tel 845-367-7625 • Fax 845-501-4153 www.lusptrust.org • general@lusptrust.or		Nationwid Nationwid
<u> UMP SUM DEPOS</u>	IT FORM - Fully complete form, print clearly and return	with deposit to addre	ess above.
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wish to make a lump so Make check payable to LUSP Signature of Member	LUSP Trust  365 Route 304, Suite 204, Bardonia, NY 10 Tel 845-367-7625 • Fax 845-501-4153	Date of Birth	vate  Nationwid