



MEMBER INFORMATION FORM

Complete form in its entirety, then fax, email, or return to the address above.

Enroll Change Name Change Address

Member Information – Please Print Clearly

Name	SSN	Date of	Birth/_	/
Address	City		State	Zip
Home Phone – Cell Phone		Email		
Previous Name				
Previous Address	City		State	Zip

For All New Members and Beneficiary Changes, Please Complete and Return the Beneficiary Form.

For Verizon Employees Only:

Please complete and return the Verizon Allotment Authorization Form for payroll deductions.

For All Other Contributing Members, You May:

- Make a LUMP SUM contribution with a minimum \$500.00 check made payable to LUSP TRUST and mailed to our office here at 365 Route 304 Suite 204, Bardonia, NY 10954.
- Make a **BILL PAY contribution** using your online banking. Any amount you would like in increments of \$7.00. Set up the "payee" to be LUSP TRUST, 365 Route 304 Suite 204, Bardonia, NY 10954. Use the last 4 digits of your SSN as the Account Number. You may set up recurring payments if your bank allows it.

____/___/____ Date