CENSUS INFORMATION CARD

SEIU AFFILIATES' OFFICERS AND EMPLOYEES PENSION FUND

			(Please Pri	nt or Ty	pe All Informati	ion)			
	Last Name		First Name (Mr., Mrs., Ms., or Miss)					Middle Initial	
2.		onth Day	Year	3.	Check one	4.		al Security Number or Social	
	Of				Male 🗆		Insu	rance Number	
	Birth				Female 🗆				
5.	Name of Employing Organization (Local Union, Joint Council or related organization)								
	Your Home	e Address					7.	Current Position Held	
	Date Emplo	byed							
Э.	Please enter below the details of any prior employment with an affiliate(s) of SEIU								
	Year	Employing Organiz	ation		Position			Salary for Year	

(If more space is needed, continue on reverse side)

Your Signature (Use Full Name)

For Fund Office Use

Date Card Signed _____