

HOLLOW METAL TRUST FUND HOLLOW METAL PENSION FUND

UNION TRUSTEES

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MANAGEMENT TRUSTEES

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VERIFICATION OF INFORMATION

TO: Hollow Metal Trust Fund
395 Hudson Street, 9th Floor
New York, NY 10014

Name: (*Nombre*): _____

Social Security # (*Seguro Social*): _____ UBC #: _____

Employer: _____ Local Union: _____

Date of Birth (*Fecha de Nacimiento*): _____ Select One: *Male*__ *Female*__

Mailing Address (*Dirección*): _____

City: _____ State: _____ Zip Code: _____

Telephone # (*Número Telefónico*): () - _____ Cell: () - _____

Email (*Correo Electrónico*): _____

Member's Signature (*Firma*): _____ Date (*Fecha*): _____