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**THIS IS A VERY IMPORTANT DOCUMENT**

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**LOUISIANA HORSEMEN'S PENSION TRUST**

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Eligible Trainers Must Complete and Return this Form to:

LA HBPA Pension Trust

1535 Gentilly Blvd.

New Orleans, LA 70119

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**PLEASE PRINT**

**ADDRESS INFORMATION:**

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

PERMANENT ADDRESS (IF DIFFERENT) \_\_\_\_\_

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**PLEASE PRINT**

**BENEFICIARY INFORMATION:**

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

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**SIGNATURE OF PENSION APPLICANT**

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**DATE**