



PROFESSIONAL BOXERS' PENSION PLAN ENROLLMENT FORM

Full Legal Name:

 (First Name/Nombre) (Middle Name/Apellido Materno) Last Name/Apellido Paterno

Date of Birth: _____ **Social Security #:** _____
 (Month) (Day) (Year)

California Boxer License #: _____ **Expires:** _____

Federal Identification #: _____ **Expires:** _____

Boxer's Address: _____

City: _____ **State:** _____ **Country:** _____ **Zip Code:** _____

Date First Licensed as a Professional Boxer: _____
 (Month) (Day) (Year)

Date of First Professional Bout: _____
 (Month) (Day) (Year)

Marital Status: *(if married, divorced or widowed, please provide date of marriage, divorce or widowed)*

Married	Divorced	Widowed	Single
_____ (Mo.) (Day) (Yr.)	_____ (Mo.) (Day) (Yr.)	_____ (Mo.) (Day) (Yr.)	

Spouse's Full Legal Name:

 (First Name/Nombre) (Middle Name/Apellido Materno) (Last Name/Apellido Paterno)

Spouse's Address: _____ **Phone Number:** _____

City: _____ **State:** _____ **Country:** _____ **Zip Code:** _____

I have received the Summary Plan Description (**SPD**) describing the Professional Boxers' Pension Plan. I understand the **SPD** is only a summary of the provisions of the Plan. It cannot provide every detail that may affect my rights or benefits under the Plan. In the event of discrepancies between the description in the **SPD**, and the provisions of the complete Plan (included in the statute and regulations), I agree that the provisions of the Plan (and their respective amendments), and not those of the **SPD**, will control. I understand that a complete copy of the Plan is available for inspection at the offices of the California State Athletic Commission during business hours. I can also get a copy of the Plan and other documents if I ask for them or if my authorized representative asks for them. I also understand that I may be asked to pay a reasonable charge for copies of those documents.

I hereby apply for Participant status in the Plan. By applying for participation in the Plan, I hereby authorize the Commission to provide all necessary information about me, collected on Plan forms or other Commission records, to authorized agents and representatives, as it deems necessary for the proper administration of the Plan. I understand that applying for Participant status does not guarantee enrollment in the plan and that I must meet certain requirements summarized in the SPD to participate.

Professional Boxer (Print Name)

Commission Representative (Print Name)

Professional Boxer (Signature)

Commission Representative (Signature)

Dated: ____/____/____
 (Month) (Day) (Year)

Dated: ____/____/____
 (Month) (Day) (Year)