

UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS MIDWEST PENSION FUND

18861 90th Ave, Suite A • Mokena, Illinois 60448
800-621-5133 • FAX 847-384-0188 • www.ufcwmidwest.org

Pension Estimate Request

Dear Participant:

The following information is necessary to supply you with an accurate account of your pension history. Please complete the form in its entirety.

Member's Name: _____

Social Security Number: _____

Address: _____

Phone Number(s): _____

Birth Date: _____

Spouse's Name: _____

Spouse's Birth Date: _____

All Participating Employers Employed By: _____

Pension Credit/Employment Date: _____

Expected Retirement Date: _____

Signature _____

Today's Date: _____

Please remit this form to the attention of the UFCW Midwest Pension Fund at the address above.

You will be notified by mail of your estimated pension benefit. Please allow up to 90 days for your completed estimate.

Please contact the Fund Office 90 days prior to your retirement date for a pension application.

Thank you for your cooperation.

United Food and Commercial Workers Unions and Employers Midwest Pension Fund