

# UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS MIDWEST PENSION FUND

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2625 Butterfield Rd, Suite 208E ♦ Oak Brook, Illinois 60523  
800-621-5133 ♦ FAX 847-384-0188 ♦ www.ufcwmidwest.org

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## 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: \_\_\_\_\_ **Certified copy of birth certificate should be submitted**

Spouse's Name: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_ **Certified copy of birth certificate should be submitted**

All Participating Employers Employed By: \_\_\_\_\_

\_\_\_\_\_

Pension Credit/Employment Date: \_\_\_\_\_

Expected Retirement Date: \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date: \_\_\_\_\_

Remit completed form and requested document to the address above. You will be notified by mail of your estimated pension benefit within 21 calendar days of receiving your request.

Contact the Fund Office 90 days prior to your retirement date for an application packet.

Thank you for your cooperation.

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