



So that we may prepare a thorough and accurate review of your Pension file, please supply the Fund Office with the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address \_\_\_\_\_

***Please prepare an estimate of retirement benefits for;***

Early Age (with a Reduction in Benefits) or Normal Age (Age 65)

Date you plan on retiring \_\_\_\_\_

(Must be the 1<sup>st</sup> of the month)

Date of Birth \_\_\_\_\_

Marital Status:    Single    Married    Divorced

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

Spouse's Date of Birth \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return to the Fund Office by mail, fax or email.

417 5<sup>th</sup> Avenue 3<sup>rd</sup> Floor New York, NY 10016 or by fax 212/792-8323 or by email at;  
[jblondek@iatsenbf.org](mailto:jblondek@iatsenbf.org) [ccirillo@iatsenbf.org](mailto:ccirillo@iatsenbf.org)