IATSE
NATIONAL BENEFIT FUNDS

Pension Estimate Request

Please supply the Fund Office with the following information so that the Retirement Services division of the Benefits Department can process your request for a Pension Estimate.

Name: _____

Address _____

_____

Phone #: _____ E-mail address: _____

Please prepare an estimate of retirement benefits using the following criteria:

☐ Early age (there is a reduction of benefits if you are eligible and this option is chosen)

☐ Normal age (65 or older)

Date of planned retirement: _____ *(must be the 1st of the month)*

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Date of birth: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced

Spouse's Name: _____

Spouse's date of birth: _____

Date of marriage: _____

Signature: _____ Date: _____

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

Mail: 417 Fifth Avenue, 3rd Floor, New York, NY 10016

Fax: 646-783-7660 **E-mail:** Pension@iatsenbf.org