

IRON WORKERS MID-AMERICA PENSION PLAN

PENSION ESTIMATE REQUEST

FAX: 708-474-9982

EMAIL: PENSION@IWMIDAMERICA.COM

This form is used to request a written pension estimate as of a future date of retirement. Please clearly print all the requested information. The pension estimate will be based only on the hours received by the Fund Office as of the current date unless you request we project future hours as discussed below.

Social Security Number: _____

Name: _____
First Name Middle Initial Last Name

Address: _____
Street Address Apt. No.

City State Zip Code

Phone Number: _____

Local Union: _____

Date of Birth: _____

Assumed Date of Retirement: _____

Marital Status: _____

Spouse's Name: _____

Spouse's Date of Birth: _____

Date of Marriage: _____

If you would like your pension estimate to include an estimate of future hours worked up to your assumed date of retirement, indicate the number of future hours worked per month: _____

Other Comments: _____

I am requesting that Iron Workers Mid-America Pension Plan provide me with an estimate of my monthly pension benefit.

I understand this is only an estimate and that the actual benefit amount will be calculated when a Pension Application is completed and processed by the Fund Office.

Signature: _____ Date: _____