



**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 1<sup>st</sup> 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, 3<sup>rd</sup> Floor, New York, NY 10016

**Fax:** 212-792-8323

**E-mail:** [jblondek@iatsenbf.org](mailto:jblondek@iatsenbf.org) or [Ccirillo@iatsenbf.org](mailto:Ccirillo@iatsenbf.org)

