

UPPER PENINSULA PLUMBERS' & PIPEFITTERS' PENSION FUND
6525 CENTURION DRIVE
LANSING, MI 48917-9275
(517) 321-7502 • Toll Free (800) 342-1730
Fax (517) 321-7508

REQUEST FOR DETERMINATION OF ESTIMATED PENSION BENEFIT

Member's Full Name:

Member's Social Security Number

Complete Physical Address
(Check here if this is a new address)

Present Local Union Number

Date Initiated into Present Local Union:

Have you ever worked in the jurisdiction of another Local Union? YES NO

If yes, please identify the Local Union(s) as follows: (If insufficient space, please continue on back)

Local Union Number	Craft	City	Years
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Local Union Number	Craft	City	Years
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Member's Date of Birth (MM/DD/YYYY)

Spouse's Full Name

Spouse's Date of Birth (MM/DD/YYYY)

Have you ever been divorced? NO YES If yes, number of times? _____

If yes, please send complete copies of all Final Judgments of Divorce, with all attachments.

Are you "totally and permanently" disabled? NO YES

If yes, what is your Date of Disability (MM/DD/YYYY): _____

Having completed the above information, what type of information do you want the Fund Office to prepare and send to you?

Date:

Signature: