

**MICHIGAN CARPENTERS' PENSION FUND
6525 CENTURION DRIVE
LANSING, MI 48917-9275
(517) 321-7502 •Fax (517) 321-7508
Toll Free (800) 273-5739**

REQUEST FOR DETERMINATION OF ESTIMATED PENSION BENEFIT

Member's Name: _____

Social Security Number: _____

Home 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 No. _____ Craft _____ City _____ Year(s) _____

Local Union No. _____ Craft _____ City _____ Year(s) _____

Date of Birth: _____

Spouse's name and date of birth (if living): _____

Have you ever been divorced? Yes How many times? _____ No

If Yes, request complete copies of papers from all divorces.

Are you "totally and permanently" disabled? Yes No

If Yes, what is your Date of Disability? _____

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

Was *Request for Application* mailed?

Yes

No

Date:

Prepared by:

3/00