

Pension Credit Request

Name: (Print) _____

Address _____

City _____ State _____ Zip _____

Ledger No.# _____ Employer _____

S. S. No.# _____ Date: _____

Administrator

Affiliated Pension Fund

Address

City, State, Zip

Dear Administrator;

Please provide me with a statement indicating, on the basis of your latest available information, the total benefits I have accrued as a participant in the pension plan and an explanation of how this amount is calculated. Please include any pertinent information not available to me in the past with this report of my status.

Sincerely,

cc: Signature
file
ERISA
Certified Mail # _____