## LOCAL 697 I.B.E.W. & ELECTRICAL INDUSTRY PENSION FUND

## **REQUEST FOR PENSION INFORMATION**

| I,, request the state   | us of my credits with |
|---|-----------------------|
| the Local 697 I.B.E.W. & Electrical Industry Pension Fund.            |                       |
| XXX-XX- Social Security Number  | Birth Date            |
| Participant's Signature   | Date                  |
| Phone Number  |                       |
| If you plan to retire within the next year, enter the month and year: | Retirement Date       |

## MAIL COMPLETED FORM TO:

7200 MISSISSIPPI STREET, SUITE 300 • MERRILLVILLE, INDIANA 46410