



**UFCW CONSOLIDATED PENSION FUND**  
1740 PHOENIX PARKWAY  
ATLANTA, GA 30349  
In Georgia: (770) 997-9910  
Outside Georgia: (800) 241-7701  
Fax: (770) 997-9897

**PENSION  
INFORMATION  
REQUEST**

**EMPLOYEE INFORMATION:**

Participant's Last Name:	First Name:	Middle Name:	
Participant's Mailing Address:			
Participant's Phone Number: (include Area Code)		Participant's e-mail address:	
Social Security Number: (Last 4 digits) XXX - XX - _____	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Local Union No:
Employer(s): (include any participating employers)		Job Title:	

**REQUEST FOR INFORMATION:**

\*\*\* Please return information to me by:  Mail /  e-mail \*\*\*

<input type="checkbox"/> <b>REQUEST FOR ESTIMATE:</b>  Estimated Date of Retirement: _____ <b>OR</b> Request for Estimate at Age: _____
<input type="checkbox"/> <b>REQUEST FOR APPLICATION</b>
<input type="checkbox"/> <b>OTHER REQUEST:</b>  _____  _____  _____  _____