



# SOFT DRINK AND BREWERY WORKERS UNION, LOCAL 812 RETIREMENT FUND

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## RETIREE/BENEFICIARY REQUEST FORM

**To: Soft Drink and Brewery Workers Union, Local 812 Retirement Fund**

At this time I kindly submit/request the following:

☐ **MY CHANGE OF ADDRESS**

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

☐ **A DUPLICATE 1099R TAX FORM.** Please indicate year(s) you are requesting.  
(Note: years available -- current plus immediate 6 previous years)

☐ **AN AWARD LETTER.** Verifies your monthly benefit that you are receiving with the  
Local 812 Retirement Fund.

☐ **OTHER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Your SSN or DOB

**Please return this form to:**  
Local 812 Retirement Fund  
445 Northern Blvd., Suite 30  
Great Neck, NY 11021