



SOFT DRINK & BREWERY WORKERS UNION, LOCAL 812 RETIREMENT FUND

Request For:

- ☐ **Pension Benefit Statement (Printout Only).** Please note that no more than one request will be honored in any twelve-month period.
- ☐ **Retirement Package** – For members planning to retire within 6 months. Includes Benefit Statement.

Date: _____

Print Your Name: _____

Your SSN: _____

Your Date of Birth: _____

Address: _____

Telephone No.: _____

Current or Former L812 Employer: _____

Spouse's Name: _____

Spouse's SSN: _____

Spouse's Date of Birth: _____

Signature

Please return this form to:

Local 812 Retirement Fund
445 Northern Blvd., Suite 30
Great Neck, NY