



# 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