## FLINT PLUMBING & PIPEFITTING INDUSTRY PENSION FUND 6525 CENTURION DRIVE LANSING, MI 48917-9275 (517) 321-7502 •Fax (517) 321-7508

## REQUEST FOR DETERMINATION OF ESTIMATED PENSION BENEFIT

Member's Name:		
Social Security Number (NNN-NN-NNNN):		
Home Address:		
Check here if this is a new address		
Present Local Union Number:		
Date initiated into present Local Union:		
Have you ever worked in the jurisdiction of another Local Union	? Yes	No
If yes, please identify the Local Union(s) as follows: (If insufficient	nt space, please continue	on back)
Local Union NoCraft	City	Year(s)
Local Union NoCraft	City	Year(s)
Date of Birth (MM/DD/YYYY):		
Spouse's name and date of birth (if living):		
Have you ever been divorced? Yes How m	nany times?	No
If Yes, please send complete copies of all Final Judgme	ents of Divorce, with all att	achments.
Are you "totally and permanently" disabled?  Yes		No
If Yes, what is your Date of Disability?		
Having completed the above information, what type of information you and your Local Union?	on do you want the Fund	Office to prepare and send to
Date: Signature:		