



**PENSION APPLICATION
ESTIMATE REQUEST
Sign Pictorial & Display Industry
Pension Plan**

I am considering retirement and would like to request the following information regarding my pension (check one):

- An Application for Retirement

- Benefit Estimate
 - Pension estimate at Normal Retirement Age
 - Pension estimate at Early Retirement Age
Specify ages _____

- Pre-Retirement Benefit Package
Includes pension benefit estimate, retiree health & welfare cost, and application.

Please supply the following information with this request:

LAST NAME		FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
MAILING ADDRESS (STREET OR P.O. BOX)				SEX	DATE OF BIRTH
CITY	STATE/ZIP	TELEPHONE NUMBER ()		EMAIL ADDRESS	
CLASSIFICATION (CIRCLE ONE) SHOP INSTALLER				SPOUSE'S DATE OF BIRTH	
ESTIMATED RETIREMENT DATE			DISABILITY RETIREMENT DATE (IF APPLICABLE)		

Return this completed form to:

Allied Administrators
P.O. Box 2500
San Francisco, CA 94126