



PENSION APPLICATION ESTIMATE REQUEST

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

- An Application for Retirement
 - Defined benefit plan application
 - Defined contribution plan application
 - Both

- Benefit Estimate
 - Pension estimate at Normal Retirement Age
 - Pension estimate at Early Retirement Age
Specify ages _____
 - Pension estimate for Disability Retirement
Specify effective date of disability _____

- Pre-Retirement Benefit Package
Includes pension benefit estimate, defined contribution options, retiree health & welfare cost, and applications

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	
PENSION LOCAL			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