

TO: LOCAL UNION NO. 710  
PENSION FUND  
9000 WEST 187<sup>TH</sup> STREET  
MOKENA, IL 60448

(PLEASE PRINT)

IF FEMALE  
MAIDEN NAME \_\_\_\_\_

NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
(Month) (Date) (Year)

I am requesting information as to how many years of credited service I have accumulated towards my pension benefit. I have worked at the following companies:

<u>NAME OF COMPANY</u>	<u>TYPE OF WORK</u>	<u>LOCAL UNION #</u>	<u>-EMPLOYED-</u> <u>FROM TO</u> <u>MO./YR. MO./YR.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Signed)