

Sheet Metal Workers Local 17-NH Pension Plan
c/o Sarette & Associates, Inc
50 Elm Street Manchester, NH 03101
(603) 645-9860 toll free (866) 645-9860 fax (603) 627-9701

REQUEST FOR INFORMATION

Please fill out in full in order to (Please Choose One):

- () Request an Application to Receive Pension Benefits.
- () Request your Hours Worked and Vesting Information as reflected in the Plan records (this is the basis for determining your credited service under the Plan and the calculation of your accrued benefits and your vested accrued benefits under the Plan).

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

SSN: _____ - _____ - _____
DOB: _____

Beneficiary Full Name: _____
Relationship: _____ DOB: _____

Additional Information:
Please let us know if you have a pension through another Local or if there is any other information that we should know in order to determine your benefits under the Plan.

I ACKNOWLEDGE THAT THIS REQUEST FOR INFORMATION IS NOT AND WILL NOT BE TREATED AS EITHER AN APPLICATION FOR BENEFITS OR A DESIGNATION OF BENEFICIARY. I UNDERSTAND THAT (1) I MUST COMPLETE AN APPLICATION FOR BENEFITS (WHICH I CAN OBTAIN FROM THE ADMINISTRATOR) AND SUBMIT IT TO THE ADMINISTRATOR AND (2) THE TRUSTEES MUST APPROVE ANY APPLICATION FOR BENEFITS. I ALSO UNDERSTAND THAT I MUST COMPLETE A BENEFICIARY DESIGNATION FORM (WHICH I CAN OBTAIN FROM THE ADMINISTRATOR) IN ORDER TO NAME A BENEFICIARY OF MY BENEFITS UNDER THE PLAN.

Signature: _____
Date: _____