



# Western UNITE HERE and Employers Pension Fund

Formerly Known as San Diego UNITE HERE Pension Fund

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

- Application for Retirement
- 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, retiree health & welfare cost, and application.

Please supply the following information with this request.

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
ADDRESS		GENDER	DATE OF BIRTH
CITY/ STATE/ZIP		TELEPHONE NUMBER	
CLASSIFICATION		SPOUSE DATE OF BIRTH	
ESTIMATED RETIREMENT DATE		DISABILITY RETIREMENT DATE (IF APPLICABLE)	

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