



REQUEST FOR ESTIMATE

Please complete this form, sign, and mail or fax it to the Fund. You may request a total of three estimate dates. If requesting estimates for both retirement and disability, please use separate forms.

Retirement Type Retirement Benefit Disability

Estimated Retirement Date: _____

Estimated Retirement Date: _____

Estimated Retirement Date: _____

Marital Status Single Married Widowed Divorced
(Please forward a complete copy of your divorce decree)

Participant's Date of Birth: _____

Spouses' Name: _____

Spouse's Date of Birth: _____

Name of Participant:		Last 4 SSN:	
Street Address:			
City:	State:	Zip:	Phone Number:

Participant Signature

Date

Mail to: Central Pension Fund
4115 Chesapeake St NW
Washington, DC 20016

Fax to: (202) 364-2913