

**ARIZONA LABORERS AND TEAMSTERS
PENSION TRUST FUNDS**

PENSION TRUST FUND
(Defined Benefit)

ADMINISTRATIVE OFFICE

ANNUITY TRUST FUND
(Defined Contribution)

2400 W. Dunlap Ave., Suite 250
Phoenix, AZ 85021
(602) 249-3582
www.southwestservicepa.com

**REQUEST for a STATEMENT of ACCRUED BENEFITS *and/or* ANNUITY BALANCE
(This is not an Application for Retirement Benefits)**

Name _____ SS # _____ Date of Birth _____
Last First Middle

Mailing Address _____
Street City State Zip

Spouse's Name _____ Spouse's Date of Birth _____ Spouse's SS# _____

Phone # _____ Membership History in AZ Local # _____ From Date _____ to _____

EMPLOYMENT HISTORY – Past Service Credit - Service before Jan. 1, 1966 in Local Union # _____ covered by the Collective Bargaining Agreement.

<u>Dates</u>	<u>Local #</u>	<u>Employer</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY – Future Service Credit - Service after Jan. 1, 1966
List below any jobs or work of the type covered by the Collective Bargaining Agreement in the geographical area of the Plan.

<u>Dates</u>	<u>Local #</u>	<u>Employer</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

RECIPROCITY DATE - *List below any Pension Plan or Union, other than this Plan, regardless of location and regardless of the union involved, in which you believe you may have accumulated pension credits.*

<u>Name of Pension Plan</u>	<u>Local #</u>	<u>Location of Plan</u>	<u>Work Years</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: *If you have any breaks in service due to military service, be sure to furnish discharge papers showing both induction and discharge dates.*

Please provide me with a statement of my accrued benefits (prior to 1986) and/or Annuity Balance (after 1986)

Signature _____ Date _____

