

AFTRA Health and Retirement Funds

261 Madison Ave., 8th floor, New York NY., 10016
Phone: 800-562-4690 - Fax: 212-499-4928

REQUEST FOR PENSION ANALYSIS

Participant Name: _____

Participant Social Security #: _____

Date of Birth: _____

Spouse Name: _____

Spouse Social Security #: _____

Spouse Date of Birth: _____

Projected Effective Retirement Date: _____

Mailing Address: _____

Phone #: _____

Participant Signature: _____

Date: _____

When completed, please mail or fax form to the AFTRA Funds office listed above

(AFTRA Fund Office Use Only)

Request received by: _____ Date: _____

Request completed by: _____ Date: _____
