

REQUEST FOR PENSION ANALYSIS

Participant Name _____ Gender Male Female

Participant Social Security No. _____ Participant Date of Birth _____

Projected Retirement Date(s) _____

You must enter at least one date and you may enter up to four dates. Please note that Projected Retirement Date(s) should reflect the first of the month.

Beneficiary Name* _____ Gender Male Female

* Your designated beneficiary is entitled to receive a portion of your benefit if he or she outlives you. Please note if you are married and name someone other than your spouse as your beneficiary, we require your spouse's notarized written consent when you apply for your pension.

Beneficiary's Relationship
 to Participant _____ Beneficiary Date of Birth _____

MAILING ADDRESS

Please check here if you would like your pension analysis emailed to you, only.

Please check here if you would like your pension analysis emailed **and** mailed.

If an option is not selected, your pension analysis will be mailed to the mailing address indicated below.

No. and Street _____ Apt _____ Unit _____ Suite _____ Floor _____

City _____ State _____ ZIP _____

Area Code and Telephone No. _____ Email Address _____

Participant Signature _____ Date _____

Please complete and return this form by email, fax or mail to:

Email



projections@aftraretirement.org

Fax



Fax: (212) 499-4928

Mail



**AFTRA Retirement Fund
 Retirement Services Department
 261 Madison Avenue, 7th Floor
 New York, NY 10016**