

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN

P O Box 43449 Las Vegas, Nevada 89116

Telephone: (702) 369-0000

Fax: (702) 369-2198

PENSION BENEFIT VERIFICATION REQUEST

Print or type all information.

DATE: _____

Please provide me with a verification of my Southern Nevada Culinary and Bartenders monthly pension benefit.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SOCIAL SECURITY NO: _____

SIGNATURE: _____

Identification: ID Card Driver's License Other: _____

Only complete this section if you wish your pension benefit verification to be sent directly to an organization.

Please mail my verification to:

Address: _____

City	State	Zip
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Attention: _____

Send completed request form to: Pension Office, P O Box 43449, Las Vegas, NV 89116

Or fax to: (702) 369-2198

Any questions, please call: (702) 369-0000

For Pension Office use only:

Reference # _____