

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN

P O Box 43449 Las Vegas, Nevada 89116

Telephone: (702) 369-0000

Fax: (702) 369-2198

PENSION STATUS REQUEST

Print or type all information.

DATE: _____

Please provide me with a letter on my pension status with the Southern Nevada Culinary and Bartenders Pension Plan.

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 information sent to a different mailing address than the above address.

Please mail my pension status letter to:

Address: _____

City State Zip

Check this box if you wish to receive a copy of the Summary Plan Description (SPD).

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:

- Vested Letter
- Non-Vested Letter
- Estimate of Benefits
- Other: _____

Reverence No: _____

Initials