



Western Conference of Teamsters Pension Trust

An Employer-Employee Jointly Administered Pension Plan - Founded 1955

Office of the Administrative Manager
2323 Eastlake Avenue E., Seattle, WA 98102
(206) 329-4900

RE:

SSN:

RELEASE

I, _____(please print), verify that I am a participant under the Western Conference of Teamsters Pension Trust Fund, and that I authorize the Trust Administrative Office to release information concerning my pension to:

Name: _____ Name: _____

Street Address: _____ Street Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone Number: _____ Phone Number: _____

Who is () my () my spouse's legal representative in a marriage dissolution action.

If you wish to have this information sent to both your and your spouse's attorney, please list both of their names and addresses.

_____ Date _____ Signature

<input type="checkbox"/> Current Employer	_____	<input type="checkbox"/> Date of Marriage	_____
<input type="checkbox"/> Local Union #	_____	<input type="checkbox"/> Date of Separation	_____
<input type="checkbox"/> Social Security #	_____	<input type="checkbox"/> Date of Birth	_____
<input type="checkbox"/> Current Address	_____		
<input type="checkbox"/> Current Phone #	_____		