

**Request for Estimate of Potential Employer Withdrawal Liability
Western Conference of Teamsters Pension Trust Fund**

TO: Northwest Administrative Office
2323 Eastlake Avenue E.
Seattle, WA 98102

The undersigned Local Union hereby requests an estimate of the below named employer's liability for a potential withdrawal from the Western Conference of Teamsters Pension Plan.

Under the Multi-employer Pension Plan Amendments Act of 1980, all employees of trades or businesses (whether or not incorporated) which are under common control shall be treated as employed by a single employer and all such trades or businesses shall be treated as a single employer (ERISA Sec. 4001). Therefore, the following employer information must be furnished to obtain the requested estimate:

A. Employer Name _____
Mailing Address _____

B. Please list below the employer account number(s) of all Western Conference of Teamsters Pension Trust Accounts in the employer's business:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please attach additional page if more than 12 employer accounts)

C. Is the employer's business under common control with any other trade(s) or business(es) which have any Western Conference of Teamsters Pension Trust Accounts?

No Yes Unknown If yes, please complete:

Employer Name(s)	Account Number(s)
_____	_____
_____	_____
_____	_____

(For B. and C. above, please include numbers for employer accounts closed after December 31, 2003).

D. Is the employer's business controlled by another organization?

No Yes Unknown If yes, please complete:

Name of Parent Organization _____
Address _____

This Request for Estimate completed by:

Signature

Printed Name

Secretary-Treasurer
Title

Date

Local Union Office Name

Local Union Office Address