

REQUEST FOR ESTIMATE OF POTENTIAL WITHDRAWAL LIABILITY Western Conference of Teamsters Pension Trust Fund

To: Northwest Administrative Office
Withdrawal Liability Section
2323 Eastlake Avenue E.
Seattle, WA 98102

Return email address: wctptwl@nwadmin.com

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:

Employer Name	Employer Address

Please list below the employer account number(s) of all Western Conference of Teamsters Pension Trust Accounts in the employer's business: (Please include numbers for accounts closed within the last 6 years and attach additional page if more than 12 accounts)

Is the employer's business under common control with other trade(s) or business(es) which have Western Conference of Teamsters Pension Trust Accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please complete:	Employer Name(s)	Account Number(s)

Is the employer's business controlled by another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please complete:	Name of Parent Organization	Parent Organization Address

Receive result via:	Recipient Name	
<input type="checkbox"/> Email	Recipient's Employer Name (If different than undersigned Local Union)	
<input type="checkbox"/> Mail	Email or Mail Address	

This Request for Estimate completed by:

Signature

Printed Name

Secretary-Treasurer
Title

Date

Local Union Office Name

Local Union Office Address