



## REQUEST FOR ESTIMATE

Please complete this form, sign, and mail or fax it to the Fund. You may request a total of three estimate dates. If requesting estimates for both retirement and disability, please use separate forms.

**Retirement Type**       Retirement Benefit       Disability

Estimated Retirement Date: \_\_\_\_\_

Estimated Retirement Date: \_\_\_\_\_

Estimated Retirement Date: \_\_\_\_\_

**Marital Status**       Single       Married       Widowed       Divorced  
(Please forward a complete copy of your divorce decree)

Participant's Date of Birth: \_\_\_\_\_

Spouses' Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Name of Participant:		Last 4 SSN:	
Street Address:			
City:	State:	Zip:	Phone Number:

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Mail to: Central Pension Fund  
4115 Chesapeake St NW  
Washington, DC 20016

Fax to: (202) 364-2913