



Sheet Metal Workers' International Association  
Local No. 28  
Local Pension Fund

195 MINEOLA BOULEVARD • MINEOLA, NY 11501 • Tel. No. 516-742-9478 • Fax No. 516-742-0151

Re: Pension Benefit

Dear Pension Administrator,

I would like to receive information regarding my Local Pension benefit.  
Please advise me as to what type of pension I am entitled to. Below is my information:

PRINT YOUR NAME	_____
LAST 4 DIGITS OF SS#	### - ## - _____
ITEM REQUESTED ( <i>Circle One</i> )	<u>Estimate Only</u> <u>Estimate &amp; Application</u>
<input type="checkbox"/>	Check box if applying for a Disability Pension Benefit. A copy of a Social Security Administration Disability Award Notice is required when submitting your application.
DATE OF LOCAL 28 INITIATION	_____
TENTATIVE DATE OF RETIREMENT OR LAST DATE OF WORK	_____
YOUR DATE OF BIRTH	_____
SPOUSE'S DATE OF BIRTH (if applicable)	_____
MAILING ADDRESS	_____ Street Address
	_____ City, State & ZIP
PHONE	(      ) _____
SIGNATURE	_____
	TODAY'S DATE: _____

All questions concerning an estimate or application for the SMW National Pension Benefit should be directed to the National Pension Fund at 800-231-4622