



Teamsters Pension Trust Fund of Philadelphia and Vicinity

6981 N. PARK DRIVE, SUITE 400 • PENNSAUKEN, NJ 08109 • (856) 382-2400
TOLL FREE (800) 523-2846 • FAX (856) 382-2401 • www.teamsterfunds.com

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Pension Information Request Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. (include area code): _____ Sex: _____

Social Security Number: _____ Date of Birth: _____

Married _____ Date of Marriage: _____
(yes) (no)

Spouse's Name: _____ Date of Birth: _____

Spouse's SSN: _____

Current Employer: _____ Current Local No.: _____

Record of other Teamster Locals that you have been a member:

Local Number	Dates of membership (Start Date)/(End Date)	Employer with this Local
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please state below if you would like this information released to anyone other than yourself

Name of that person: _____

Address of that person: _____

Your Signature: _____ Date: _____