



Teamsters Pension Trust Fund of Philadelphia and Vicinity

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UNION TRUSTEES
PAUL CARDULLO
WILLIAM T. HAMILTON
ANTHONY F. VOLPE

ADMINISTRATOR
WILLIAM J. EINHORN

EMPLOYER TRUSTEES
ARNOLD S. ROSENTHAL
KENNETH F. LEEDY
BOB SCHAEFFER, JR.

Pension Information Request Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Social Security Number: _____ Date of Birth: _____

Current Employer: _____ Current Local No.: _____

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

Spouse's Name: _____ Date of Birth: _____

Spouse's SSN: _____

Record of other Teamster Locals of which 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: _____