

LOCAL 804 IBT AND LOCAL 447 IAM
UPS MULTI EMPLOYER RETIREMENT PLAN
55 GLENLAKE PARKWAY NE
ATLANTA, GA 30328
VIA FAX 404-828-6440

Dear Plan Administrator:

I am writing to request a current estimate of benefits.

Name: _____

Address: _____

UPS ID #: _____

Spouse's Name: _____

Spouse's Date of Birth: _____

Spouse's SSN: _____

Phone #: _____

I am requesting an illustration based on retirement ages of _____ and _____.
In addition to mailing me a copy of the benefit estimate, please send a copy to my
financial advisors:

Halliday Financial
c/o James Werner and Joe Tedeschi
725 Glen Cove Ave
Glen Head, NY 11545

Regards,

SIGNATURE OF LOCAL 804 MEMBER / UPS