

Retirement Benefit Request Form

Complete all sections of the form and send to UPS Retirement Dept., 55 Glenlake Parkway, Atlanta, GA 30328.
Incomplete forms will be returned to you and may delay or cause forfeiture of benefit payments.

Request Type (select one):	Benefit Estimate	Retirement Application
Employee ID:	_____	SSN: _____
Name:	_____	
Street:	_____	
City, State, Zip:	_____	
Birthdate:	_____	Phone: _____
Employment Termination Date:	_____	* Benefit Start Date: _____ / 01 / _____
	(last day of employment, inclusive of scheduled vacation and discretionary time)	(month-MM) (year-YYYY) (date you wish payments to begin*)
Marital Status:	_____	Email Address: _____

SPOUSAL/BENEFICIARY INFORMATION (married participants must provide spousal information in this section)

SSN:	_____	Birthdate:	_____
Name:	_____		
Street:	_____		
City, State, Zip:	_____		
Relationship to Participant:	_____	Phone:	_____
**As a married participant, I wish to name someone other than my spouse as my beneficiary (listed below).			
SSN:	_____	Birthdate:	_____
Name:	_____		
Street:	_____		
City, State, Zip:	_____		
Relationship to Participant:	_____	Phone:	_____

*Application requests should be made prior to the date you wish retirement payments to begin, but no earlier than 90 days in advance of the benefit start date. Generally, you may select the first of the month following your termination date as your benefit start date, subject to your plan's eligibility rules. Failing to apply prior to your benefit start date may result in forfeited payments. Refer to your plan's summary plan description for additional information.

**Non-spousal beneficiaries are only available in the UPS Retirement Plan and the UPS Pension Plan. Refer to your plan's summary plan description for additional information.