

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: Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_

UPS ID #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

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