

**I.B.E.W. LOCAL 9 AND LINE CLEARANCE  
CONTRACTORS 401k RETIREMENT PLAN  
6525 Centurion Drive, Lansing, MI 48917-9275  
(517) 321-7502 • FAX (517) 321-7508**

**REQUEST FOR DETERMINATION OF RETIREMENT BENEFIT INFORMATION**

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Present Local Union Number: \_\_\_\_\_

Date initiated into present Local Union: \_\_\_\_\_

Have you ever worked in the jurisdiction of another Local Union?                      Yes                      No

If yes, please identify the Local Union(s) as follows: (If insufficient space, please continue on back)

Local Union No. \_\_\_\_\_ Craft \_\_\_\_\_ City \_\_\_\_\_ Year(s) \_\_\_\_\_

Local Union No. \_\_\_\_\_ Craft \_\_\_\_\_ City \_\_\_\_\_ Year(s) \_\_\_\_\_

*(If insufficient space, please continue on back.)*

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

Spouse's name and date of birth (if living): \_\_\_\_\_

Have you ever been divorced?                      Yes                      How many times? \_\_\_\_\_                      No

If yes, please provide complete copies of all divorces for Legal Counsel Review.

Are you "totally and permanently" disabled?                      Yes                      No

If yes, what is your Date of Disability? \_\_\_\_\_

Having completed the above information, what type of information do you want the Fund Office to prepare and send to you and your Local Union?

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Prepared by: \_\_\_\_\_