



754 Minnesota Ave
Kansas City, KS 66101
Phone: 866-342-6555
Fax: 913-621-8635

Pension Information Request Form

NAME _____ LAST 4 DIGITS OF SSN _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PHONE _____ ALTERNATE PHONE _____

_____ CHECK HERE IF NEW ADDRESS

I WOULD LIKE A:

_____ DETAIL RECORD

_____ PENSION STATUS LETTER (if not vested)

_____ PENSION ESTIMATE (complete information below):

RETIREMENT AGE(S) _____

PARTICIPANT DATE OF BIRTH _____

SPOUSE'S DATE OF BIRTH _____

PARTICIPANT SIGNATURE _____ DATE _____

Mail or fax this form to the Fund Office to the address above, or scan and email the signed form to bnfpension@wilson-mcshane.com.