

## Retiree / Beneficiary Request Form

Requested information will be mailed to the address we have on file. If you would like the information you request to be emailed or faxed to you, please sign at the bottom of the form.

_____	_____	_____
First Name	Last Name	Last 5 Digits of SSN
_____		
Street Address		
_____	_____	_____
City	State	Zip
_____		_____
Email	Phone	

### Notice

If the address you provide on this form is different than the address we have on file, this form will be used to officially change your address.

**I would like to request the following (select at least one option):**

**Income Verification**

**Copy of Direct Deposit Notice**

Provide the months for which you would like duplicate deposit information:

Month/Year \_\_\_\_\_ Month/Year \_\_\_\_\_ Month/Year \_\_\_\_\_

**Duplicate 1099R**

Provide the years for which you would like duplicate 1099 forms:

Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_

### Signature

If you would like the information you have requested to be emailed or faxed to you, please sign below. We cannot forward information to you via email and fax without a signature.

**I would like to receive the information I've requested above in an email.**

**I would like to receive the information I've requested above as a fax. Fax Number: \_\_\_\_\_**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_