



**IBEW
LOCAL
953**

EMPLOYEE RETIREMENT REQUEST FORM

EMPLOYER _____

EMPLOYEE LAST NAME _____

EMPLOYEE FIRST NAME _____ MIDDLE INITIAL _____

EMPLOYEE ID _____ DATE OF BIRTH _____

LAST DAY PAID BY EMPLOYER (RETIREMENT DATE) _____

SPOUSE NAME _____ SPOUSE DATE OF BIRTH _____

MAILING ADDRESS _____

CITY / STATE / ZIP _____

DAYTIME PHONE NUMBER _____

EMPLOYEE SIGNATURE _____ DATE _____