

Voluntary Retiree Contact List

Name of Retiree: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**PART A:**

**I, \_\_\_\_\_, will make every attempt to keep my records up to date with Division 1181 New York Employees Pension Fund, however:**

- ( ) **I DECLINE** to provide any contact information for any of my relations. I understand in the event that I cannot be contacted for an extended period of time, my pension payments will be at risk of being suspended. **(Sign & date, and return to the Fund Office)**
- ( ) **I AUTHORIZE** the Fund to contact the following individuals listed below to facilitate the process of locating me, in the event that my records should become outdated, and the Fund cannot get in touch with me for an extended period of time. **(Complete Part B, then sign & date, and return to the Fund Office)**

**PART B:**

**1.** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Street Address

City

State

Zip

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

**2.** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Street Address

City

State

Zip

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

**3.** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Street Address

City

State

Zip

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**