



Your Future — Our Focus



DIVORCE PACKET REQUEST FORM - PARTICIPANT

IMPORTANT: You must submit a copy of your government issued photo ID (driver's license, state ID, passport) with this form. This form must be signed.

Return this completed form to:

Diana Wheeler -- Assistant to the Retirement Benefits Manager
Chicago Regional Council of Carpenters Pension Fund & Supplemental Retirement Fund
12 E. Erie Street, 8th Floor, Chicago, IL 60611
Telephone: (312)787-9455, Ext. 263 Fax: (312)951-3986 E-mail: dwheeler@crcbenefits.org

PLEASE PRINT

Participant Name _____

Participant SS# or UID# _____

Telephone Number where we can contact you _____
(Area Code) Telephone Number

Date of Marriage _____ Date of Divorce (if finalized) _____
If divorce has been finalized, please provide copy of divorce decree.

Date of Filing (if action commenced but divorce is not yet finalized) _____
If action has been commenced but the divorce is not finalized, please provide copy of pleading.

I am requesting a Divorce Packet.

Send the divorce packet to: (If sending to an attorney, also provide the name of the law firm.)

Name _____

Law Firm Name (if applicable) _____

Mailing Address: _____
Number and Street / Apt # or Suite # (if applicable) City / State / Zip

Telephone Number of law firm (if applicable)

Check here and provide an email address if requesting a reply via email _____

Signature of Participant

Date Signed