



Your Future — Our Focus



* Q D R O - D I V O R C E P K T R E Q U E S T *

DIVORCE PACKET REQUEST FORM

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

Participant Name _____

Participant SS# or UID# _____

I am requesting a Divorce Packet. Please send the packet to:

Name _____

If sending to an attorney, also provide name of law firm

Mailing Address:

Number and Street / Apt # or Suite # if applicable

City

State

Zip

(Area Code) Telephone Number

Your Signature _____

Date Signed _____

Telephone Number where we can contact you _____

(Area Code) Telephone Number

Return this form to:

Diana Wheeler -- Assistant to the Retirement Benefits Manager
Chicago Regional Council of Carpenters Pension 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