

Pension Benefit Request Form For Estimate or Commencement

Participant Name: _____

Participant SSN: ____ - ____ - ____

Participant Date of Birth:

____/____/____

Division (please circle one):

Sign

Signal/FAPD/Corporate

IBEW

Dayton

Leach Company - Hourly

Leach Company - Salaried

Vactor

Other: _____

Last Day of Work: ____/____/____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Please complete and return form to Federal Signal:

Email (preferred): pension@federalsignal.com

Fax: (630)-954-2030

Mail:

Federal Signal Pension Administration

1333 Butterfield Rd, Suite 500

Downers Grove, IL 60515

Please attach copy of birth and marriage certificate

Request Type (please circle one):

Estimate

Benefit Commencement

Benefit Commencement

Date: _____

(Estimate/Commencement start date **MUST** be first day of the month, first of month following 65th birthday, unless early retirement eligible)

Marital Status (please select):

Single (divorced, widowed, etc.)

Married

Spouse Info: (If applicable):

Spouse Name: _____

Spouse DOB: ____ - ____ - ____

Upon receipt of completed form, Federal Signal will begin to calculate your pension benefit information as requested. Completed estimates and/or enrollment packages are typically provided to participants within 7 -10 business days.

