



Federal Signal Corporation Retirement Plan
Request for Pension Information/Request for Benefit Payments Commencement
Please print clearly

Participant Name: _____

Participant SSN: xxx-xx-_____ Participant Date of Birth ____/____/____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Division (please select):

Sign/Signal/FAPD/Corporate

IBEW

Dayton

Leach Company-Hourly

Leach Company – Salaried

Vactor

Other: _____

Request Type (please select one):

Information on Pension Benefit

Date(s): _____

(Must be the first of the month)

Benefit Commencement (60, no more than 180 day notice)

Date(s): _____

(Must be the first of the month)

Marital Status (please select):

Married – Spouse’s Name: _____ Date of Birth: ____/____/____

Single – never married, divorced, widowed

Signature: _____

Print Name: _____

Date: _____

Please complete and return to Federal Signal Corporation, Attention: Pension Administration at 1415 West 22nd Street, Suite 1100, Oak Brook, IL 60523.

Please include a copy of your birth certificate, and if you are married, a copy of your marriage license and spouse’s birth certificate for verification purposes unless you have previously provided this information to us. Copies are acceptable, we do not need originals. We discourage sending this information to us by e-mail. To confirm our receipt of your request, please call us at 630-954-2292. We will mail your pension material to you, typically within two to four weeks depending on facts and circumstances.