

## Pension Benefit Request Form Estimate or Commencement

Participant Name: \_\_\_\_\_

Participant SSN: \_\_\_\_\_ Participant Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Division (please select):

- Sign/Signal/FAPD/Corporate
- IBEW
- Dayton
- Leach Company – Hourly
- Leach Company – Salaried
- Vactor
- Other: \_\_\_\_\_

Request Type (please select):

- Estimate
- Benefit Commencement (60-day notice)

Date(s): \_\_\_\_\_

(Estimate/start must be on the first of the month)

Marital Status (please select):

- Married – Spouse’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Single – never married, divorced, widowed

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

Phone Number: \_\_\_\_\_

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

Please complete and return form to Federal Signal at [pension@federalsignal.com](mailto:pension@federalsignal.com), fax to 630-954-2030 or mail to Federal Signal, Attention: Pension Administration at 1415 West 22nd Street, Suite 1100, Oak Brook, IL 60523. 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.