

## Retirement Benefit Request Form

Complete all sections of the form and send to UPS Retirement Dept., 55 Glenlake Parkway, Atlanta, GA 30328 or [retirement@ups.com](mailto:retirement@ups.com).  
Incomplete forms will be returned to you and may result in delay or forfeiture of benefit payments.

Request Type (select one):	Benefit Estimate	Retirement Application
Employee ID:	_____	SSN: _____
Name:	_____	
Street:	_____	
City, State, Zip:	_____	
Birthdate:	_____	Phone: _____
Employment Termination Date:	_____	* Benefit Start Date: _____
	(last day of employment with UPS, inclusive of scheduled vacation and/or discretionary time)	(date you wish payments to begin)
Marital Status:	_____	

### **SPOUSAL/BENEFICIARY INFORMATION** (married participants must provide spousal information in this section)

SSN:	_____	Birthdate:	_____
Name:	_____		
Street:	_____		
City, State, Zip:	_____		
Relationship to Participant:	_____	Phone:	_____
<b>**As a married participant, I wish to name someone other than my spouse as my beneficiary (listed below).</b>			
SSN:	_____	Birthdate:	_____
Name:	_____		
Street:	_____		
City, State, Zip:	_____		
Relationship to Participant:	_____	Phone:	_____

\*Application requests should be made 60 to 90 days prior to the date you wish retirement payments to begin. Generally, payments can commence the first of the month following the latter of termination date or the request date. Refer to your plan's summary plan description for additional information.

\*\*Non-spousal beneficiaries are only available in the UPS Retirement Plan and the UPS Pension Plan. Refer to your plan's summary plan description for additional information.