

**PAGE/COLLINS PENSION SETTLEMENT QUESTIONNAIRE**



*Corrected Information*

[Participant Name]

\_\_\_\_\_

[Contact Name]

\_\_\_\_\_

[Street Address]

[City, State, Zip]

\_\_\_\_\_

[Plan Sponsor]

\_\_\_\_\_

[Plan City, State]

\_\_\_\_\_

Check One or More:

- The name, address and company information above is correct.
- Some of the information is incorrect. The corrected information is entered above.
- If [Participant Name] is deceased, please supply the following additional information:

Date of death: \_\_\_\_\_ City and State of Death: \_\_\_\_\_

Closest living kin's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address or other contact information for closest kin, if different than address above:

\_\_\_\_\_

\_\_\_\_\_

- I do not know [Participant Name] or the [Participant Name] whom I knew did not work for [Plan Sponsor] or any related company.

- I would like someone to call me to discuss:

My name is: \_\_\_\_\_

My phone # is: \_\_\_\_\_

The best time to call is: \_\_\_\_\_

Please return this questionnaire in the enclosed prepaid envelope or mail it to Page/Collins Pension Settlement, P.O. Box 4390, Portland, OR 97208-4390.