

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.