

PARTICIPANT # _____

PLAN # _____

PAGE/COLLINS SETTLEMENT INFORMATION FORM

PART A: FORMER EMPLOYEE

Last: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: (_____) _____ - _____

Social Security No. ____ - ____ - ____ Date of Birth (mm/dd/yyyy) _____ Gender (M/F) ____

Name of Employer who sponsored terminated pension plan: _____

City and State of Employer's principal place of business: _____

Date of Hire with this Employer (mm/dd/yyyy) _____

Date of Termination with this Employer (mm/dd/yyyy) _____

Were you paid on an hourly or salaried basis? (Circle one.) **Hourly** **Salaried** **Don't Know**

Last name when your employment ended, if different from name given above (i.e. married name):

PART B: SURVIVING SPOUSE, ESTATE REPRESENTATIVE OR BENEFICIARY

(If former employee is deceased, complete this Part in addition to Part A):

Last: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____ **(If different than above)**

Relationship to deceased former employee: _____

PART C: CONTACT INFORMATION

(Please identify a person who would be able to reach you in the event of an emergency):

Last: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of person completing form:

**SEND COMPLETED FORM TO:
PAGE/COLLINS SETTLEMENT DIRECTOR
P.O. BOX 419
DALLAS, TX 75221**