

**Retirement Benefit Request Form** Complete all applicable sections of the form and email it to [retirement@ups.com](mailto:retirement@ups.com) or mail to 55 Glenlake Parkway, NE, Atlanta, GA 30328. Incomplete forms will be returned to you and will delay your request.

**Request Type (check one):**    **Benefit Estimate**                       **Retirement Application**

**Employee ID:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Employment Benefit**

**Termination Date:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_  
(last day of employment with UPS)                      (payments begin – first of month)

**Marital Status:** \_\_\_\_\_

**Spousal/Beneficiary Information (married participants must provide spousal information)**

**SSN:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Relationship**

**to Participant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**\*\* As a married participant, I wish to name someone other than my spouse as my beneficiary (listed below).**

**SSN:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

\* Application request should be made 60 to 90 days prior to the date you wish retirement payments to begin. If you are an active employee, provide the future date on which you will terminate employment. \*\* Non-spousal beneficiaries are only available in the UPS Retirement Plan and the UPS Pension Plan. Refer to your plan's summary description for additional information.