RETIREMENT FUND

## REQUEST FOR REISSUANCE OF FORM 1099-R (e-mail)

DATE OF REQUEST:	YEAR(S) REQUESTED:	
ANNUITANT:	SOCIAL SECURITY NO:	
E-MAIL ADDRESS:	PHONE NO. / FAX NO.:	
MAILING ADDRESS:		
DEACONIC) FOR RETOCUANCE.		
REASON(S) FOR REISSUANCE:		
CICNATIDE OF ANNIHITANT.		
SIGNATURE OF ANNUITANT:		

\*\*\*NOTE: Reissued Form 1099-R will be made available 3 business days following the date of request.

A \$2.00 reissuance fee will be charged to your pension account for each year requested. Please sign this request for authorization to process this charge to your pension account. A copy will be sent via e-mail, and original will be mailed to your address.