

REQUEST FOR ESTIMATE OF POTENTIAL WITHDRAWAL LIABILITY
Western Conference of Teamsters Pension Trust Fund

TO: Northwest Administrative Office
Withdrawal Liability Section
2323 Eastlake Avenue E.
Seattle, WA 98102

The undersigned Employer hereby requests an estimate of liability for a potential withdrawal from the Western Conference of Teamsters Pension Plan. It is understood that the initial estimate provided in accordance with this request will be furnished by the Administrative Office without charge to the Employer, but also understood that if a subsequent request is made for another estimate or for the information unique to the Employer, the Plan sponsor may require the Employer to pay the reasonable cost of making such estimate or providing such information.

Under the Multi-employer Pension Plan Amendments Act of 1980, all employees of trades or businesses (whether or not incorporated) which are under common control shall be treated as employed by a single employer and all such trades or businesses shall be treated as a single employer (ERISA Sec. 4001). Therefore, the following employer information must be furnished to obtain the requested estimate:

A. Employer Name _____

B. Mailing Address _____

C. Please list below the employer account number(s) of all Western Conference of Teamsters Pension Accounts in your business:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please attach additional page if more than 12 employer accounts)

D. Is your business under common control with any other trade(s) or business(s), which have any Western Conference of Teamsters Pension Accounts?

No Yes If yes, please complete:

Employer Name(s)	Account Number(s)
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_____	_____
_____	_____
_____	_____

(For C. and D. above, please include numbers for employer accounts closed after December 31, 2005)

E. Is your business controlled by another organization? No Yes

If yes, please complete:

Name of Parent Organization _____

Address _____

This Request for Estimate completed by:

Signature

Printed Name

Title

Date

Employer Name

Tax Identification Number