

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

Return email address: wctptwl@nwadmin.com

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:

Employer Name	Employer Address

Please list the employer account number(s) of all Western Conference of Teamsters Pension Accounts in your business:
 (Please include numbers for accounts closed within the last 6 years and attach additional page if more than 12 accounts)

Is your business under common control with any other trade(s) or business(s), which have any Western Conference of Teamsters Pension Accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete:	Employer Name(s)	Account Number(s)

Is your business controlled by another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete:	Name of Parent Organization	Parent Organization Address

Receive result via:	Recipient Name	
<input type="checkbox"/> Email	Recipient's Employer Name (If different than undersigned Employer)	
<input type="checkbox"/> Mail	Email or Mail Address	

This Request for Estimate completed by:

Signature

Printed Name

Title

Date

Employer Name

Tax Identification Number