

Retirement Benefit Request Form

Complete all applicable sections of the form and email it to 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: _____

Full Name: _____

Street: _____

City, State, Zip: _____

Birthdate: _____ Phone: _____

Employment Termination Date: _____ Benefit Start Date:*

(last day worked at UPS)

(date you wish payments to begin)

Marital Status: _____

SPOUSAL/BENEFICIARY INFORMATION (Married participants must provide spousal information in this section)

SSN: _____ Birthdate: _____

Full 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: _____

Full 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 plan description for additional information.