

Pension Plan Enrollment Request

Date: _____

Your Name: _____

Your Address: _____

City, State, Zip Code: _____

Email: _____

Phone Number: _____

Employer Name: _____

Employer Address: _____

City, State, Zip Code: _____

Dear [Employer's Pension Administrator/HR Manager],

I am writing to formally request enrollment in the pension plan offered by [Employer's Name]. As I prepare for my retirement, I believe that participating in this plan will be crucial for my long-term financial security.

Please find the necessary personal information required for processing my enrollment:

- Date of Birth: _____
- Social Security Number: _____
- Employment Start Date: _____

I understand the importance of completing any required forms and would appreciate guidance on the next steps necessary to complete my enrollment.

Thank you for your assistance in this matter. I look forward to your prompt response.

Sincerely,

[Your Name]