

UNITED ASSOCIATION OF PLUMBERS AND PIPEFITTERS LOCAL 142
PENSION PLAN
2020 ANNUAL AFFIDAVIT

I personally receive my monthly benefit payment as a:

Retiree Surviving Spouse/other Beneficiary Alternate Payee (Due to a QDRO) and in the form of:

And in the form of:

A check delivered to my home A direct deposit transferred to my bank account

This section must be completed if you are a Retiree – Please disregard if you are a beneficiary

Are you presently employed, or have you been employed during the past year? No Yes

If you answered yes, please complete the following:

Employer: _____ Job Title: _____

Job Description: _____

Full Time Part Time If Part Time, Provide Average # of Hours Working per Month: _____

Dates of Employment: From _____ To _____ Local Union Affiliation: _____

Complete this section **only if you are under age 65** and receiving a **disability pension** from this Plan

Confirmation of Disability Status

The administrative procedures of the Fund require yearly updates from all participants under the age of 65 who are receiving a Disability Pension.

- Yes, I am currently receiving a Social Security Disability Pension
 No, I am no longer receiving a Social Security Disability Pension

If you answered yes, please submit a photocopy of your most recent Social Security Disability check/deposit or a copy of the 1099 that was provided to you by the Social Security Administration.

Confirmation of Personal Contact Information (Please Print)

Name: _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (_____) _____ Email Address: _____

New Mailing Address, If Applicable: _____

City: _____ State: _____ Zip: _____

I hereby declare under penalty of perjury that all information shown by me is correct to the best of my knowledge. This declaration requires an original signature.

SIGNATURE

DATE

NOTARY USE ONLY:

SIGNATURE

MY COMMISSION EXPIRES:

SEAL: