

1st Request

March 15, 2020

Dear Recipient,

For each pensioner and/or beneficiary issued a monthly benefit payment, the Board of Trustees has a fiduciary responsibility to confirm the following:

- That each pensioner and/or beneficiary has personally received his/her monthly benefit(s)
- The current employment status of each pensioner.
- The current disability status of each pensioner issued a monthly benefit payment under the disability provision.

As a Participant, you have a responsibility to notify the Trust Fund of any changes to your address and/or phone number.

All retirees and beneficiaries must be complete this affidavit form in the presence of a Notary Public or the Business Manager of Local Union 142. Forms that are not notarized or signed by the Business Manager will be returned as incomplete.

If you wish to make a withholding change, you should know, that the changes will take effect by the first of the month for changes received by the 15th of the prior month. If you have an address outside the U.S., you may be subject to mandatory withholding.

The enclosed annual affidavit, when completed and returned, will assist the Trustees in protecting your pension benefit. The Fund Office requires an original signature on your completed affidavit - photocopies are not acceptable. Please return your completed affidavit form promptly to assure that your future pension payments are not interrupted. We have enclosed a return envelope for your convenience.

If you have any questions, please contact the Fund Office at (888)-262-6320.

Thank you for your cooperation.

Sincerely,

Pension Department
Southwest Service Administrators. Inc.

Go to www.ssatpa.com to access plan regulations, recent mailings and various forms.