

VERIFICATION FOR CONTINUATION OF PENSION BENEFITS

Section 1

I, _____, being duly sworn, say That I am the PENSIONER receiving a pension from ROOFERS LOCAL NO.74/NO.203 PENSION FUND.

Signature of Pensioner
Sworn to before me this
Day of

Signature of Spouse
Sworn to before me this
Day of

Notary Public
Signature and Stamp

Notary Public
Signature and Stamp

Section 2

If Pensioner resides in a Hospital or Nursing Home and the Pensioner cannot complete the form, the following statement must be completed by the recipient of the checks.

I, _____,
being duly sworn, depose and say: That I am the

_____ of _____
(Relationship) (Pensioner)

that the pensioner is unable to execute this document because

But that the pensioner is alive and currently living at

(Pensioner's current address or hospital if applicable)

(Signature of Recipient of Checks)
Sworn to before me this
Day of

Notary Public
Signature and Stamp

COMPLETE and RETURN THIS FORM BY 2/26/2011

Failure to do so will result in the suspension of your pension benefits until this form is completed.

INSTRUCTIONS

Follow the instructions that are APPLICABLE to you.

Example

If you are

Receiving the pension benefit IN YOUR NAME Are Single or
Have a LIVING SPOUSE:

You must complete the top left side - Section 1

Your spouse must complete the top right side - Section 1

(or)

Example

If you are

Receiving a DISABILITY PENSION BENEFIT:

You must complete the top left side only - Section 1

(or)

Example

If you are the Surviving Spouse -

And YOU ARE RECEIVING THE PENSION BENEFIT IN YOUR NAME

You must complete the top left side only - Section 1

You are now considered the pensioner.

(or)

Section 2 only

If the retired member - IS IN A NURSING HOME

OR UNDER YOUR CARE:

You must complete the bottom portion only - Section 2

This verification must be completed each year.