

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

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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.