

ANNUAL STATEMENT 2017

PLEASE READ ENCLOSED INSTRUCTIONS (THIS FORM DOES NOT REQUIRES YES/NO ANSWERS)

SECTION A: MUST BE COMPLETED BY THE PENSION RECIPIENT including widows, beneficiaries and ex-spouse's collecting under a QDRO) OR COMPLETED ON THEIR BEHALF BY AN APPROVED POWER OF ATTORNEY OR GUARDIAN:

Name: _____ Social Security Number: _____

Home Address: _____

City/State: _____ Zip: _____ Phone: _____

Is this a CHANGE OF ADDRESS? YES NO

RESPOND TO ALL 3 STATEMENTS

- 1. AGREE I AGREE that I have received all my monthly pension payments (by check or direct deposit) for 2016 from the Laborers Pension Fund.
2. AGREE I AGREE that I have not authorized anyone to handle my financial affairs through Power of Attorney or Guardianship nor have I had anyone endorse my pension check.
3. AGREE I AGREE that I am not engaging in work regularly performed by building trades craftsmen or any other work which is or may be under the Laborers' District Council of Chicago and Vicinity AND If I am on Disability Pension from the Laborers' Pension Fund, I AGREE that I am not working in ANY job.

SECTION B: ONLY COMPLETE IF YOU COULD NOT AGREE TO ANY OF THE ABOVE STATEMENTS:

If you do NOT AGREE with statement 1, list the month(s) that you did not receive a check or direct deposit: _____

If you do NOT AGREE with statement 2, check one of the following (COMPLETE ONLY IF YOU DO NOT SIGN YOUR CHECKS)

- I have a Power of Attorney or Guardian who handles my affairs. These documents have been submitted and approved by the Fund Office.
I have a Power of Attorney or Guardian who handles my affairs. These documents have not been submitted and approved by the Fund Office. I am now enclosing these papers for review (please attach).
I do not have direct deposit and I do not sign my pension checks. I have someone who signs my pension checks on my behalf, but I have not obtained Power of Attorney or Guardianship papers.

If you do NOT AGREE with statement 3, please review the enclosed Summary About Kinds of Work not Allowed After Retirement (Disqualifying Employment.) Then, check one of the following (COMPLETE ONLY IF YOU WORK IN THE CONSTRUCTION INDUSTRY OR WORK WHILE COLLECTING A DISABILITY PENSION FROM THE LABORERS' PENSION FUND):

- I have reviewed the enclosed Summary and declare that my work is not Disqualifying Employment.
I have reviewed the enclosed Summary and declare that my work is Disqualifying Employment.
I am working (in any job) while receiving a Disability Pension from the Laborers' Pension Fund.

SECTION C: MUST BE SIGNED BEFORE TWO WITNESSES WHO ARE NOT RELATED TO YOU:

Signature (or approved mark) of pension recipient: _____ Date: _____

The above signed, _____, known to be the person who executed the forgoing and acknowledged the same, personally came before me this _____ day of _____, 2017.

Witness #1 Signature: _____ Print Name: _____ Phone: _____

Witness #1 Address: _____

Witness #2 Signature: _____ Print Name: _____ Phone: _____

Witness #2 Address: _____