



FOX VALLEY & VICINITY LABORERS

FOX VALLEY & VICINITY LABORERS PENSION FUND 2019 ANNUAL CERTIFICATION INFORMATION

Please check this box if you have changed your address or telephone number since last year.

Name: _____
Pension Recipient (including widows, beneficiaries and ex-spouses collecting under a QDRO) or an approved Power of Attorney or Guardian. *(Please PRINT clearly)*

Address: _____
Street Address City State Zip

Telephone Number: _____ Social Security Number: _____

TO BE COMPLETED BY PENSION RECIPIENT:

Yes No

- 1. I am receiving my monthly benefit payments.
- 2. I have read and understand the rules regarding the suspension of benefits.
- 3. I am gainfully employed (full time or part time).

This includes self-employment or employment for a non-contributing employer. If you are not sure whether a particular job will cause your benefit to be suspended, you should contact the Fund Office IMMEDIATELY.

***** If question #3 is answered YES, you MUST complete both sides of this form. *****

TO BE COMPLETED BY "SURVIVING SPOUSE" ONLY:

YES, I am receiving monthly benefit payments. **NO**, I am not receiving monthly benefit payments.

Surviving Spouse: _____
First name (Please PRINT clearly) Last name (Please PRINT clearly)

YOUR SIGNATURE MUST BE WITNESSED BELOW:

Signature: _____ Date: _____

SUBSCRIBED AND SWORN to before me

OR

WITNESSED by me this

this _____ day of _____, 2019

_____ day of _____, 2019

Notary Public *(Notary Seal below)*

Business Agent or Fund Representative

IMMEDIATELY MAIL THIS FORM TO:

Fox Valley & Vicinity Laborers Pension Fund
2371 Bowes Road, Suite 500
Elgin, Illinois 60123-5523
or FAX TO: (847) 742-3440