

**ARIZONA LABORERS AND TEAMSTERS  
PENSION TRUST FUNDS**

PENSION TRUST FUND  
(Defined Benefit)

ADMINISTRATIVE OFFICE

ANNUITY TRUST FUND  
(Defined Contribution)

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2400 W. Dunlap Ave., Suite 250  
Phoenix, AZ 85021  
(602) 249-3582  
www.southwestservicefpa.com

**URGENT - FINAL REQUEST**

March 27, 2009

Dear Recipient:

The Board of Trustees has a fiduciary responsibility to confirm that each eligible pensioner or beneficiary is personally receiving their monthly benefit payment, either by check or direct deposit. The Trustees must also confirm employment status and disability status if a participant is receiving a disability pension. The enclosed affidavit, when completed and returned by each eligible member, will assist the Board of Trustees in protecting your pension benefit.

We have forwarded this request to you on two prior occasions. This is the third and final request for the return of your completed Annual Affidavit. **This letter will serve to notify you that your pension will be suspended effective June 2009 if your completed affidavit is not received within 30 days.**

Return your completed affidavit promptly to avoid the interruption of your pension benefit. We have provided a return envelope for your convenience.

Thank you for your cooperation.

Sincerely,

Pension Department  
Southwest Service Administrators, Inc.

Enclosure

## **TERCERA PETICIÓN**

Marzo 27, 2009

Estimado Beneficiario:

La Junta de Fiduciarios tienen la responsabilidad de confirmar que cada pensionado o beneficiario esta recibiendo personalmente el pago mensual de beneficios, ya sea por cheque o depósito directo. La junta tambien es responsable de verificar el estatus de empleo y discapacidad si la persona recibe pension por discapacidad. La declaracion adjunta, una vez se haya recibido de cada miembro elegible, ayudara a la junta de fiduciarios en la proteccion de su beneficio de pension.

**TENGA EN CUENTA, QUE ESTA CARTA ES EL TERCER Y ULTIMO AVISO. PARA EVITAR LA POSIBLE SUSPENSIÓN DE LOS FUTUROS PAGOS DE PENSIONES DEBEMOS TENER EL FORMULARIO COMPLETO DENTRO DE LOS PROXIMOS 30 DÍAS.**

Hemos incluido un sobre de retorno para su conveniencia.

Gracias por su cooperación. Si tiene alguna pregunta, por favor llame a la oficina del Fondo.

Atentamente,

Departamento de Pensiones  
Southwest Service Administrators, Inc .

Apéndice

# ARIZONA LABORERS' & TEAMSTERS PENSION TRUST FUND

## 2009 ANNUAL AFFIDAVIT

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION SHOWN BY ME IS CORRECT TO THE BEST OF MY KNOWLEDGE.

### CONFIRMATION OF PERSONAL CONTACT INFORMATION (PLEASE PRINT)

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NEW MAILING ADDRESS, IF APPLICABLE : \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

### FEDERAL INCOME TAX WITHHOLDING (CHECK ONE)

- I DO NOT WISH TO CHANGE MY FEDERAL TAX WITHHOLDING AMOUNT.  
 I DO WISH TO CHANGE MY FEDERAL TAX WITHHOLDING AMOUNT. PLEASE SEND ME A FEDERAL FORM W-4P

### COMPLETE THE FOLLOWING SECTIONS IF YOU ARE UNDER 62 YEARS OF AGE

#### ARE YOU PRESENTLY EMPLOYED OR HAVE YOU BEEN EMPLOYED DURING THE PAST YEAR?

- No       Yes

#### IF YOU ANSWERED YES, PLEASE COMPLETE THE FOLLOWING:

EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

FULL TIME     PART TIME      DATES OF EMPLOYMENT; FROM \_\_\_\_\_ TO \_\_\_\_\_

LOCAL UNION AFFILIATION: \_\_\_\_\_

A COPY OF YOUR MOST RECENT INCOME TAX RETURN MAY BE REQUESTED

### CONFIRMATION OF DISABILITY STATUS

(THIS SECTION TO BE COMPLETED ONLY IF YOU ARE LESS THAN 62 YEARS OF AGE AND RECEIVING A SOCIAL SECURITY DISABILITY PENSION.)

THE ADMINISTRATIVE PROCEDURES OF THE FUND REQUIRE YEARLY UPDATES FROM ALL PARTICIPANTS UNDER 62 YEARS OF AGE WHO HAVE RECEIVED A DISABILITY PENSION

- YES, I AM CURRENTLY RECEIVING A SOCIAL SECURITY DISABILITY PENSION  
 NO, I AM NO LONGER RECEIVING A SOCIAL SECURITY DISABILITY PENSION

IF YOU ANSWERED YES, PLEASE SUBMIT A COPY OF YOUR MOST RECENT SOCIAL SECURITY DISABILITY CHECK OR A COPY OF THE 1099 THAT WAS PROVIDED TO YOU BY THE SOCIAL SECURITY ADMINISTRATION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE