

**ARIZONA LABORERS, TEAMSTERS AND CEMENT MASONS  
LOCAL No. 395 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

February 1, 2006

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 Trustees in protecting your pension benefit.

Please return a completed affidavit form promptly to assure that your future pension payments are not interrupted. We have provided a return envelope for your convenience.

Thank you for your cooperation. If you have any questions or concerns, please telephone the Fund Office.

Sincerely,

Pension Department  
Southwest Service Administrators, Inc.

Enclosure

# ARIZONA LABORERS' & TEAMSTERS PENSION TRUST FUND

## ANNUAL AFFIDAVIT

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

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

### FEDERAL INCOME TAX WITHHOLDING

- 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

**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