

Arizona Laborers and Teamsters Pension Trust Fund

c/o Southwest Service Administrators Inc.

2400 West Dunlap Ave, Suite 250

Phoenix, Arizona 85021-2811

January 3, 2008

**ARIZONA LABORERS AND TEAMSTERS
PENSION TRUST FUND**

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

Southwest Service Administrators, Inc.

Service Is Our Middle Name

602-249-3582 • Toll Free: 800-474-3485 • Fax: 602-249-3795 • www.southwestservicetpa.com

ARIZONA LABORERS' & TEAMSTERS PENSION TRUST FUND
ANNUAL AFFIDAVIT

CONFIRMATION OF PERSONAL CONTACT INFORMATION (PLEASE PRINT) CHECK HERE IF NEW ADDRESS

NAME _____ SOCIAL SECURITY NUMBER _____

MAILING ADDRESS _____

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