

ARIZONA SHEET METAL TRUST FUNDS

HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

2400 W. Dunlap Ave., Suite 250
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RETIREMENT DECLARATION

NAME: _____ **SOCIAL SECURITY NUMBER:** _____

AS A RETIREE ON A PENSION FROM THE ARIZONA SHEET METAL LOCAL 359 PENSION TRUST FUND, I DECLARE THAT I WILL BE BOUND BY ALL THE RULES AND REGULATIONS OF THE PENSION PLAN, AND THAT:

I UNDERSTAND THAT I MUST REFRAIN FROM EMPLOYMENT AS FOLLOWS:

1. **BEFORE AGE (62)** – I MUST WITHDRAW COMPLETELY AND REFRAIN FROM EMPLOYMENT OR FROM ACTING AS A CONTRACTOR, BUSINESSMAN OR OTHERWISE IN THE SHEET METAL AND RELATED INDUSTRIES WHEREVER SUCH EMPLOYMENT OR ACTIVITY MAY BE PERFORMED.

1(A). I UNDERSTAND THAT SHOULD I BECOME EMPLOYED IN WORK OF THE TYPE DESCRIBED ABOVE, I MUST NOTIFY THE TRUSTEES IN WRITING WITHIN 21 DAYS FOLLOWING THE COMMENCEMENT OF SUCH EMPLOYMENT, AND THAT MY PENSION BENEFITS WILL BE SUSPENDED FOR ANY CALENDAR MONTH IN WHICH I AM SO EMPLOYED AND AT THE DISCRETION OF THE BOARD FOR SIX (6) ADDITIONAL CALENDAR MONTHS AFTER CEASING SUCH EMPLOYMENT BUT NOT BEYOND NORMAL RETIREMENT AGE. FAILURE TO NOTIFY THE TRUSTEES IN WRITING OF SUCH WORK WITHIN 21 DAYS MAY RESULT IN AN ADDITIONAL PERIOD OF SIX (6) MONTHS OVER AND ABOVE THE SUSPENSION PERIOD, BUT NOT BEYOND NORMAL RETIREMENT AGE.

2. **AFTER AGE (62)** – I MUST WITHDRAW AND REFRAIN FROM EMPLOYMENT FOR WAGES OR PROFIT IN EXCESS OF FORTY (40) HOURS IN A CALENDAR MONTH, IN THE SAME INDUSTRY, IN THE SAME TRADE OR CRAFT, AND IN THE SAME GEOGRAPHIC AREA COVERED BY THE PLAN. IF YOU WORK IN EXCESS OF FORTY (40) HOURS YOU MUST LET THE TRUSTEES KNOW IN WRITING WITHIN 21 DAYS.

LAST DAY WORKED IN COVERED EMPLOYMENT _____ EMPLOYER _____

LAST DAY WORKED IN ANY EMPLOYMENT _____ EMPLOYER _____

SIGNED _____ DATE _____

