

ARIZONA SHEET METAL TRUST FUNDS

HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

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

URGENT – FINAL REQUEST

March 26, 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 and we have attempted to contact you by telephone. 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.

Sincerely,

Pension Department
Southwest Service Administrators, Inc.

Enclosure

**ARIZONA SHEET METAL
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

- 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

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 UNDER 62 AND RECEIVING A SOCIAL SECURITY DISABILITY PENSION.)

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

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