

**Arizona Sheet Metal Pension Trust Fund**  
c/o Southwest Service Administrators, Inc.  
2400 W. Dunlap, Suite 250  
Phoenix, Arizona 85021

www.southwestservicetpa.com

January 3, 2008

## Arizona Sheet Metal 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 SHEET METAL  
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

**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