

Desert States Employers
& UFCW Unions Pension Plan
2400 W. Dunlap, Suite 250
Phoenix, Arizona 85021

February 1, 2007

Dear Recipient,

The Board of Trustees has a fiduciary responsibility to confirm that each 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 call the Fund Office.

Sincerely,

Pension Department
Southwest Service Administrators. Inc.

Enclosure

DESERT STATES EMPLOYERS & UFCW UNIONS PENSION PLAN ANNUAL AFFIDAVIT

I personally receive my monthly benefit payment in the form of:

A check delivered to my home A direct deposit transferred to my bank account

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 _____

Dates of Employment _____ Full or Part Time _____

Local Union Affiliation _____

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 Federal form W-4P.

COMPLETE THIS SECTION ONLY: IF YOU ARE RECEIVING A SOCIAL SECURITY DISABILITY BENEFIT.

Confirmation of Disability

The administrative procedures of the Fund require yearly updates from all participants receiving a Disability pension. **Please submit a copy of your most recent Social Security Disability check or a copy of your 1099 that was provided by the Social Security Administration.**

Are you currently receiving a Social Security Disability Benefit?

YES NO

Have you been able to do any substantial work in the past year? YES NO

I hereby declare under the penalty of perjury that all information shown by me is correct to the best of my knowledge.

PLEASE PRINT:

NAME _____ SOCIAL SECURITY _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

SIGNATURE _____ DATE _____

DESERT STATES EMPLOYERS AND UNITED FOOD & COMMERCIAL WORKERS UNIONS PENSION PLAN

February 2007

Annual Reminder Income Tax Withholding to U.S. Citizen Recipients of Periodic Payments Living in the United States

Dear Retiree/Beneficiary:

This notice is to advise you that you may change the amount of federal income tax withheld from your monthly pension benefit payments. Due to a change in the withholding tax tables, the amount of federal tax being withheld may be reduced. We will stop withholding income tax from your pension benefit payments if you have not requested withholding and your monthly payments are less than \$1,520.

Your original withholding election will remain in effect until you file a new election or withholding certificate. If you would like to change your withholding, please contact this office for the necessary form or use a W-4P, which is available from the IRS. If you make a change, it will be implemented the first day of the month that is at least 30 days after we receive the completed form.

Whether you have to pay federal income tax on your benefits depends on the total amount of your taxable income. Your decision on withholding is important because if no tax or not enough tax is withheld from your benefits, you may have to pay estimated taxes during the year or a tax penalty at the end of the year. Therefore, you may wish to discuss this with a qualified tax advisor.

Please contact the Plan office if you have any questions.

Board of Trustees