

PHOENIX PAINTERS' 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. 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.

Thank you for your cooperation.

Sincerely,

Pension Department
Southwest Service Administrators, Inc.

Enclosure

- PPI -
TERCERA PETICIÓN

Marzo 26, 2009

Estimado Beneficiario:

La Junta de Fiduciarios tienen la responsabilidad de confirmar que cada pensionado o beneficiario esta recibiendo personalmente el pago mensual de beneficios, ya sea por cheque o depósito directo. La junta tambien es responsable de verificar el estatus de empleo y discapacidad si la persona recibe pension por discapacidad. La declaracion adjunta, una vez se haya recibido de cada miembro elegible, ayudara a la junta de fiduciarios en la proteccion de su beneficio de pension.

TENGA EN CUENTA, QUE ESTA CARTA ES EL TERCER Y ULTIMO AVISO. PARA EVITAR LA POSIBLE SUSPENSIÓN DE LOS FUTUROS PAGOS DE PENSIONES DEBEMOS TENER EL FORMULARIO COMPLETO DENTRO DE LOS PROXIMOS 30 DÍAS.

Hemos incluido un sobre de retorno para su conveniencia.

Gracias por su cooperación. Si tiene alguna pregunta, por favor llame a la oficina del Fondo.

Atentamente,

Departamento de Pensiones
Southwest Service Administrators, Inc .

Apéndice

PHOENIX PAINTERS' PENSION TRUST FUND
2009 ANNUAL AFFIDAVIT

I HEREBY DECLARE UNDER THE 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: _____

CONFIRMATION OF DISABILITY STATUS

(THIS SECTION TO BE COMPLETED ONLY IF YOU ARE RECEIVING A SOCIAL SECURITY ADMINISTRATION DISABILITY PENSION.)

THE ADMINISTRATIVE PROCEDURES OF THE FUND REQUIRE YEARLY UPDATES FROM ALL PARTICIPANTS WHO HAVE RECEIVED A SOCIAL SECURITY 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.

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

SIGNATURE

DATE