

PHOENIX PAINTERS' TRUST FUNDS

HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

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

February 1, 2007

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

**PHOENIX PAINTERS' 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: _____

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