

# PHOENIX PAINTERS' TRUST FUNDS

HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

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

January 2010

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

**[www.southwestservicetpa.com](http://www.southwestservicetpa.com)**

**Go to [www.southwestservicetpa.com](http://www.southwestservicetpa.com) to access plan regulations, recent mailings, and various forms.**

**Also available online is the "Electronic Deposit Authorization Form" that may be returned to implement the direct deposit of benefits to your bank account.**

# Phoenix Painters' Pension Trust Fund

Enero 2010

Estimado Participante,

La Junta de Fiduciarios tienen la responsabilidad fiduciaria de confirmar que cada pensionado o beneficiario esta recibiendo personalmente el pago mensual de beneficios, ya sea por cheque o depósito directo. Los Fiduciarios también deben de confirmar el estatus de empleo y de la discapacidad si un participante está recibiendo una pensión por discapacidad. La declaración adjunta, una vez que la complete y la regrese cada miembro, ayudará a los Fiduciarios en la protección de su pension.

Por favor, regrese el formulario completo a la brevedad posible para asegurar que sus futuros pagos de pension no sean interrumpidos. Hemos proporcionado un sobre de retorno para su conveniencia.

Gracias por su cooperación. Si usted tiene alguna pregunta o dudas, por favor comuníquese a esta oficina.

Atentamente,

Departamento de Pensiones  
Southwest Service Administrators, Inc.

Apéndice

**[www.southwestservicetpa.com](http://www.southwestservicetpa.com)**

**Visite el sitio web [www.southwestservicetpa.com](http://www.southwestservicetpa.com) para acceder a los reglamentos del plan, envios de correo recientes y diversas formas.**

**Tambien disponible en linea esta la forma "Electronic Deposit Authorization Form" (forma de autorizacion para deposito electronico), la cual puede llenar y regresar para implantar la modalidad de deposito directo de beneficios para su cuenta bancaria.**

**PHOENIX PAINTERS' PENSION TRUST FUND**  
**2010 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 \_\_\_\_\_

- FULL TIME     PART TIME    DATES OF EMPLOYMENT; FROM \_\_\_\_\_ To \_\_\_\_\_

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 A FEDERAL FORM W-4P

**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 UNDER AGE 65 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.

**CONFIRMATION OF PERSONAL CONTACT INFORMATION (PLEASE PRINT)**

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ XXX-XX-

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (      ) \_\_\_\_\_

NEW MAILING ADDRESS, IF APPLICABLE : \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT ALL INFORMATION SHOWN BY ME IS CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE