

# PHOENIX PAINTERS' TRUST FUNDS

HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

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

## **SECOND REQUEST**

February 2010

Dear Recipient,

The Trustees have a fiduciary responsibility to confirm that each eligible pensioner or beneficiary is personally receiving their monthly benefit payment, either by check or direct deposit.

In that regard, the Fund procedures require that you complete and return the enclosed form as soon as possible.

**Please note that this is a second request for you to fill out and return the annual affidavit. Failure to return the completed form may interrupt the issuance of your future pension payments.**

A return envelope is enclosed for your convenience in returning the form to the Fund Office.

Thank you for your cooperation. If you have any questions or concerns, please call the Fund Office at 602-249-3582.

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.***

## **SEGUNDA SOLICITUD**

Febrero 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.

En ese sentido, el Fondo de procedimientos requieren que usted llene y regrese el formulario completo a la brevedad posible.

**Tenga en cuenta que se trata de una segunda solicitud para que usted llene y regrese la declaración anual. El hecho de no regresar el formulario completo puede interrumpir la emisión de sus futuros pagos de pensiones.**

Hemos proporcionado un sobre de retorno para su conveniencia en el regreso del formulario a la Oficina de Fondo.

Gracias por su cooperación. Si usted tiene alguna pregunta o dudas, por favor comuníquese con nuestra oficina al 602-249-3582.

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, envíos de correo recientes y diversas formas.**

**También disponible en línea esta la forma "Electronic Deposit Authorization Form" (forma de autorización para depósito electrónico), la cual puede llenar y regresar para implantar la modalidad de depósito 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 # \_\_\_\_\_

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