

PHOENIX PAINTERS' TRUST FUNDS

HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

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

January 2012

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 contact the Fund Office at (602) 249-3582.

Sincerely,

Pension Department
Southwest Service Administrators, Inc.

Enclosure

www.southwestservicetpa.com

Go to 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 2012

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 con Oficina del Fondo a (602) 249-3582.

Atentamente,

Departamento de Pensiones
Southwest Service Administrators, Inc.

Apéndice

www.southwestservicetpa.com

Visite el sitio web 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
2012 ANNUAL AFFIDAVIT

I PERSONALLY RECEIVE MY MONTHLY BENEFIT PAYMENT AS A:

RETIREE SURVIVING SPOUSE/OTHER BENEFICIARY ALTERNATE PAYEE (DUE TO A QDRO)

AND IN THE FORM OF:

A CHECK DELIVERED TO MY HOME A DIRECT DEPOSIT TRANSFERRED TO MY BANK ACCOUNT

THIS SECTION MUST BE COMPLETED IF YOU ARE A RETIREE – PLEASE DISREGARD IF YOU ARE A BENEFICIARY

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 _____

JOB DESCRIPTION: _____

FULL TIME PART TIME IF PART TIME, PROVIDE AVERAGE # OF HOURS WORKING PER MONTH: _____

DATES OF EMPLOYMENT; FROM _____ TO _____ LOCAL UNION AFFILIATION: _____

A COPY OF YOUR MOST RECENT INCOME TAX RETURN MAY BE REQUESTED

FEDERAL INCOME TAX WITHHOLDING

YOU MAY ELECT TO CHANGE THE AMOUNT OF YOUR FEDERAL INCOME TAX WITHHELD FROM YOUR BENEFIT PAYMENTS –
IF YOU WISH TO CHANGE YOUR WITHHOLDING AMOUNT, FEDERAL FORM W-4P IS ENCLOSED FOR YOUR COMPLETION.

COMPLETE THIS SECTION ONLY IF YOU ARE UNDER AGE 65 AND RECEIVING A DISABILITY PENSION FROM THIS PLAN

CONFIRMATION OF DISABILITY STATUS

THE ADMINISTRATIVE PROCEDURES OF THE FUND REQUIRE YEARLY UPDATES FROM ALL PARTICIPANTS UNDER THE AGE OF 65 WHO ARE RECEIVING A 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 PENALTY OF PERJURY THAT ALL INFORMATION SHOWN BY ME IS CORRECT TO THE BEST OF MY KNOWLEDGE. **THIS DECLARATION REQUIRES AN ORIGINAL SIGNATURE.**

SIGNATURE

DATE

INTERNAL USE ONLY:

ADDRESS: _____ DISABILITY: _____ EMPLOYMENT: _____ OTHER: _____ POSTED BY: _____

Withholding Certificate for Pension or Annuity Payments

2011

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions, or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on

pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2011.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose* above), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent	A _____
B Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one pension; or • You are married, have only one pension, and your spouse has no income subject to withholding; or • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. 	B _____
C Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E Enter "1" if you will file as head of household on your tax return	E _____
F Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	F _____
G Add lines A through F and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	G _____
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one source of income subject to withholding and your combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Multiple Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P below. 	

----- Cut here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

Withholding Certificate for Pension or Annuity Payments

2011

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Type or print your first name and middle initial.	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ▶	<input type="checkbox"/>
2 Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ▶	_____
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher "Single" rate	(Enter number of allowances.)
3 Additional amount, if any, you want withheld from each pension or annuity payment. (Note. For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ▶	\$ _____

Your signature ▶

Date ▶