

FUND OFFICE OF LOCAL 580

ARCHITECTURAL & ORNAMENTAL IRON WORKERS



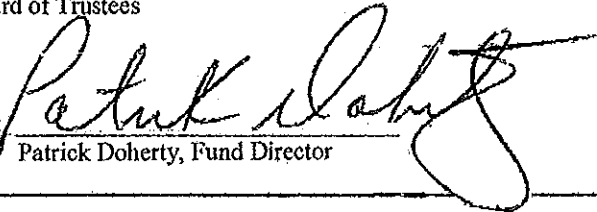
Administrative Office of:
LOCAL 580 VACATION FUND
LOCAL 580 INSURANCE FUND
LOCAL 580 PENSION FUND
LOCAL 580 ANNUITY FUND
LOCAL 580 EDUCATIONAL FUND
LOCAL 580 SCHOLARSHIP FUND
LOCAL 580 LABOR MANAGEMENT FUND

Second Floor • 501 WEST 42nd STREET • NEW YORK, NY 10036 • (212) 695-5206
FAX (212) 947-5719

September 1, 2012

The Local 580 Pension Fund Trustees are required to ensure that: 1. Each eligible person is receiving and personally endorsing his or her pension checks; 2. Benefits are not paid for periods during which the pensioner returned to work; and 3. Disability pensioners continue to remain eligible because of disability. Please complete all the information requested at the bottom section of this letter and have your signature notarized. It is most important that you promptly return this form after it has been completed and notarized. If you fail to do so, we will be forced to delay your future monthly benefit payments effective Nov. 1 of this year. We are required to keep these forms on file for periodical review by the U.S. Dept. of Labor in accordance with ERISA laws.

Very truly yours,
LOCAL 580 PENSION FUND
Board of Trustees

By: 
Patrick Doherty, Fund Director

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To: Board of Trustees, Local 580 Pension Fund

I hereby certify to you that:

- 1. I am () am not () regularly receiving my checks from the Plan.
- 2. I am () am not () endorsing them personally for my own use.
- 3. I am () am not () employed in any type of building trade work and have () have not () been so employed since my retirement except for the period _____ to _____.
- 4. I am () am not () having my check directly deposited to my bank.
- 5. DISABILITY PENSIONERS ONLY:
 - a. I am () am not () receiving Social Security Disability Benefit checks for the same period I am receiving Local 580 Disability Pension checks.
 - b. I hereby authorize Social Security to confirm this information to the Local 580 Pension Fund.

Signed: _____ Address: _____

Print Full Name: _____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public Signature: _____

Pensioner/Beneficiary Social Security #: _____

Pensioners/Beneficiary Date of Birth: _____

Sex: M/F (Circle One)

Signature of person granted Power of Attorney: _____

NOTE: New Power of Attorneys: Affix copies of DOCUMENTS.

Pension affidavits are due NO LATER than Oct. 17, 2012 (click here for more) - (10/1/2012)

If the affidavit is not received by that date, your pension **will be suspended as of Nov. 1, 2012.** Once the affidavit is received **a replacement check will not be issued until the following monthly pension check run.**

Please also be aware that if the affidavit is not received, should a 13th check be issued for the year, you will not be eligible.
