

# 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, 2023

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.
3. Disability pensioners continue to remain eligible because of disability.

Please complete all the information requested and have your signature **notarized**. It is most important that you return this completed, signed and **notarized** form by the close of business, October 31, 2023 to continue receiving your pension benefit. These completed forms are required to be kept on file for periodic review by the U.S. Dept. of Labor in accordance with ERISA laws.

Very truly yours,  
LOCAL 580 PENSION FUND  
Board of Trustees

**PLEASE BE ADVISED THAT THIS WILL BE THE ONLY NOTICE SENT OUT. YOU WILL NOT BE RECEIVING ANY SECOND OR THIRD NOTICES.**

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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 (lade work and have ( ) have not ( ) been 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: \_\_\_\_\_ Print Full Name \_\_\_\_\_

Address: \_\_\_\_\_

Pensioner/Beneficiary social security #: \_\_\_\_\_ D.O.B \_\_\_\_\_

Sex: M/F (Circle One)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Signature of person granted power of Attorney: \_\_\_\_\_

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