

ROOFERS LOCAL # 195
HEALTH, ACCIDENT & PENSION FUNDS

7706 Maltlage Drive ♦ Liverpool, NY 13090
Phone: (315) 699-1388 * Fax (315) 699-1390

Participant Name (Full): _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Dear Participant,

I am required, under the Plan, to verify certain information regarding your pension records, annually. It is imperative that all address and spouse information be kept up to date. Please fill out the following brief form and return to our office in the accompanying envelope. This document must be notarized.

Should you fail to respond to this request, pension benefits may be suspended.

If you have, any questions please feel free to contact my office.

Sincerely,
Patricia A. Redhead, Plan Manager

THIS DOCUMENT MUST BE NOTARIZED TO BE VALID

Verification of Information

Current Phone Number: (_____) _____

Current Marital Status:

Never Married _____ Married _____ Widowed _____ Divorced _____

Spousal Information: Name (Full) _____

Address if different: _____

Spouses Social Security Number: xxx-xx-_____ (Last 4 digits only)

Spouses Date of birth (mm/dd/yyyy): _____

Would you like to update your Beneficiary Forms at this time: (Retired members only)

Yes _____ No _____

If you are unsure of your listed beneficiary, please contact our office and we can verify this information for you.

Signature of Pensioner: _____ Date _____

The foregoing document was acknowledged before me this

_____ day of _____, 20_____

before me came _____

who personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Notary Public