

ANNUAL STATEMENT 2017

PLEASE READ ENCLOSED INSTRUCTIONS (THIS FORM DOES NOT REQUIRES YES/NO ANSWERS)

SECTION A: MUST BE COMPLETED BY THE PENSION RECIPIENT (including widows, beneficiaries and ex-spouse's collecting under a QDRO) OR COMPLETED ON THEIR BEHALF BY AN APPROVED POWER OF ATTORNEY OR GUARDIAN:

Name: _____ Social Security Number: _____

Home Address: _____

City/State: _____ Zip: _____ Phone: _____

Is this a CHANGE OF ADDRESS? YES NO

RESPOND TO ALL 3 STATEMENTS:

- 1. AGREE I AGREE that I have received all my monthly pension payments (by check or direct deposit) for 2016 from the Laborers Pension Fund.
2. AGREE I AGREE that I have not authorized anyone to handle my financial affairs through Power of Attorney or Guardianship nor have I had anyone endorse my pension check.
3. AGREE I AGREE that I am not engaging in work regularly performed by building trades craftsmen or any other work which is or may be under the Laborers' District Council of Chicago and Vicinity AND If I am on Disability Pension from the Laborers' Pension Fund, I AGREE that I am not working in ANY job.

SECTION B: ONLY COMPLETE IF YOU COULD NOT AGREE TO ANY OF THE ABOVE STATEMENTS:

If you do NOT AGREE with statement 1, list the month(s) that you did not receive a check or direct deposit: _____

If you do NOT AGREE with statement 2, check one of the following (COMPLETE ONLY IF YOU DO NOT SIGN YOUR CHECKS)

- I have a Power of Attorney or Guardian who handles my affairs. These documents have been submitted and approved by the Fund Office.
I have a Power of Attorney or Guardian who handles my affairs. These documents have not been submitted and approved by the Fund Office. I am now enclosing these papers for review (please attach).
I do not have direct deposit and I do not sign my pension checks. I have someone who signs my pension checks on my behalf, but I have not obtained Power of Attorney or Guardianship papers.

If you do NOT AGREE with statement 3, please review the enclosed Summary About Kinds of Work Not Allowed After Retirement (Disqualifying Employment). Then check one of the following (COMPLETE ONLY IF YOU WORK IN THE CONSTRUCTION INDUSTRY OR WORK WHILE COLLECTING A DISABILITY PENSION FROM THE LABORERS' PENSION FUND)

- I have reviewed the enclosed Summary and declare that my work is not Disqualifying.
I have reviewed the enclosed Summary and declare that my work is considered Disqualifying.
I am working (in any job) while receiving a Disability Pension from the Laborers' Pension Fund.

SECTION C: MUST BE SIGNED BEFORE A NOTARY PUBLIC:

Signature (or approved mark) of pension recipient: _____ Date: _____

The above signed, _____, known to be the person who executed the forgoing and acknowledged the same, personally came before me this _____ day of _____, 2017.

(Seal & Signature)

Notary Public: _____ Commission Expires: _____

State: _____ County: _____



LABORERS'
PENSION
FUND

LABORERS' PENSION FUND
(CHICAGO and VICINITY)

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WESTCHESTER, ILLINOIS 60154-5768
Telephone: (708) 562-0200

Toll Free: (866) 906-0200
Pension Fax: (708) 562-0790
e-mail: Pension@chilpwf.com
www.chicagolaborersfunds.com

Dear Pension Recipient:

The Fund Office requires annual verification that each pension recipient (including widows, beneficiaries and ex-spouses collecting under a QDRO) received their monthly pension payments in the previous year and is not working in any job prohibited by the Fund rules, as set forth in the enclosed Summary About Kinds of Work Not Allowed After Retirement (Disqualifying Employment.)

For this purpose, please complete the enclosed Annual Statement form included with this letter. All pensioner recipients must complete Section A and personally sign the bottom of the form (Section C), having your signature witnessed by a Notary Public. Please return your completed form in the enclosed postage paid, self-addressed envelope.

Please note that most pensioners will AGREE with the 3 statements in SECTION A on this form. If so, you do not need to complete Section B. However, if you do not agree with these statements, you will also need to complete SECTION B and your form will require additional review by our office.

If you authorized a Power of Attorney to handle your financial affairs or if a Guardian was appointed on your behalf, that document should be submitted and approved by our office. If the Power of Attorney or Guardianship papers were previously submitted, it is not necessary to submit them again. In these cases, the Annual Statement can be signed by your Power of Attorney or Guardian, with their signature notarized by a Notary Public.

It is important that every pension recipient, those receiving pension checks and those receiving automatic transfers to financial institutions (direct deposits) keep the Fund Office advised of their correct and complete mailing address. The Fund's mail service restricts mail forwarding, so any mail sent by our Fund to your old address will be returned to our office. Therefore, if the Fund Office does not know where you are living, we will be forced to hold your monthly pension benefits, including automatic transfers to financial institutions (direct deposits), until such as time as you notify our office in writing of your whereabouts.

It is important that you complete and return this form within the next 45 days to avoid any delays in future pension checks.

LABORERS' PENSION FUND,

James S. Jorgensen
Administrator

EMPLOYER PARTICIPANTS .

Builders Association, Employing Plasterers Association, Underground Contractors Association, Mason Contractors Association, Concrete Contractors Association, Wrecking Contractors, Concrete Products Employers, Lake County Illinois Employers, Illinois Road Builders Association, Bridge and Highway Structural Builders; i.e. all those who employ Laborers Engaged in the Building and Construction Industry.