

ANNUAL STATEMENT 2025

PLEASE READ ENCLOSED INSTRUCTIONS (THIS FORM DOES NOT REQUIRE 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 or ID Number: _____

Home Address: _____

City/State: _____ Zip: _____ Phone: _____

Is this a CHANGE OF ADDRESS? YES NO Email: _____

FOR THE FOLLOWING 3 STATEMENTS, PLEASE CHECK ONLY THE STATEMENTS YOU AGREE WITH. IF YOU DO NOT AGREE WITH ANY OF THE 3 STATEMENTS, PLEASE COMPLETE THE APPLICABLE PART IN SECTION B.

1. AGREE I AGREE that I have received all my monthly pension payments (by check or direct deposit) for 2024 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 _____, 2025.

(Seal & Signature)

Notary Public: _____ Commission Expires: _____

State: _____ County: _____