



ANNUAL STATEMENT BY PENSIONER (AGE 65-70½)

This form must be completed, signed, and returned within 60 days but no later than May 15, 2025.

PART 1—PENSIONER INFORMATION & CERTIFICATION

 Pensioner Name Social Security Number (only last four digits required)

I certify to the Board of Trustees under penalty of perjury as follows:

I **AM NOT** currently engaged in any occupation or employment, nor did I engage in any occupation or employment while I was retired in 2024 or 2025.

I **AM** currently engaged in an occupation or employment, or I did engage in an occupation or employment while I was retired in 2024 or 2025, as listed on the attached "Employment Form". In the event that the listed employment was not previously approved by the Trustees, a detailed job description from the employer must be returned to the Fund Office along with this statement.

I make this certification to the Board of Trustees so that I will continue to receive my pension, and with the understanding that this document will be relied upon by the Board of Trustees for this purpose. I understand that I must advise the Fund Office immediately if I engage in any occupation or employment in the future.

X _____
 Pensioner Signature Date

PART 2—CERTIFICATION OF SIGNATURE

The signature of the Participant must be witnessed by a D.C. #16 Local Union Business Manager **OR** notarized by a certified Notary Public below:

EITHER

WITNESS

D.C. #16 Local Union Business Manager:

X _____
 (Signature of D.C. #16 Local Union Business Manager) Date

OR

NOTARY CERTIFICATION

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____
 County of _____
 On _____ (Date) before me _____ (Here Insert Name and Title of Officer), personally appeared

_____, who proved to me the basis of satisfactory evidence to be the person
 (Name of Signer)

whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signatures on the instrument the person executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of _____ that the foregoing paragraph is true and correct.

[Notary's Seal]

Witness my hand and official seal: _____
 (Signature of Notary Public)

EMPLOYMENT FORM

Please complete this form if you engaged in ANY occupation or employment in 2024 or 2025 after your retirement.

Name of Pensioner: *(Please Print)*

Social Security Number:

(only last four digits required)

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Name of Employer	Address and Location of Employment	Month/Year		Type of Work Performed <small>(Please be specific)</small>	Number of Hours Worked Per Month
		Started	Left		