



**CARPENTERS
SOUTHWEST
ADMINISTRATIVE
CORPORATION**

533 South Fremont Avenue
Los Angeles, CA 90071-1706

Tel: 213-386-8590 • Toll Free: 800-293-1370
www.carpenterssw.org

**Your response is required to
avoid suspension of your pension
benefit.**

Pension Payment Verification

Dear Pensioner or Beneficiary:

The Southwest Carpenters Pension Plan is conducting a Pension Verification at the direction of the Board of Trustees. This Pension Verification is required to ensure that only eligible Pensioners or Beneficiaries are receiving benefits.

All Pensioners and Beneficiaries who are receiving a monthly pension benefit must complete and return the form below with a signature witnessed by a notary or an authorized Local Union Representative. Failure to complete and return this verification within 30 days of the request may result in the suspension of pension benefits.

Please return this completed form by email at Penlife@carpenterssw.org or by mail to:

Pension Life Verification
Southwest Carpenters Pension Plan
533 S. Fremont Avenue, 6th Floor
Los Angeles, CA 90071

Pension Payment Verification

I am currently receiving a monthly Pension Benefit from the Southwest Carpenters Pension Plan. Yes [] No []
If you answered no, please explain:

Participant Signature

Date

Member ID or UBC #

State of _____
County of _____

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.

On _____ before me, _____ (insert name and title of the officer), 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.

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

WITNESS my hand and official seal.

Signature _____ (Seal)

Signature of Union Representative: _____ Date: _____
(Must attach a Business Card)