

**AUTOMOBILE MECHANICS' LOCAL NO. 701
UNION AND INDUSTRY PENSION FUND**

500 W Plainfield Road, Suite 104
Countryside, IL 60525
708-482-0220 * 708-482-4242 (fax) * 800-704-6271 (toll-free)

ANNUAL SIGN-IN FORM FOR BENEFICIARIES RECEIVING PENSION BENEFITS

PLEASE MAKE CORRECTIONS TO LABEL BELOW

_____ Social Security Number

I certify that I: Home Telephone #: _____

_____ am regularly receiving my pension benefit checks and am personally endorsing the checks.

_____ am using the mail or electronic deposit for the checks.

_____ I hereby *give my permission* to have _____ (spouse, son, daughter, friend/neighbor) *obtain* information on my behalf should I become unable to do so. He/She can be contacted at the following telephone number if necessary:

_____.

_____ Date _____ Signature

State of _____

County of _____

On _____, 200____, _____ personally appeared before me.

_____ who is personally known to me

_____ whose identity I proved on the basis of _____

_____ whose identity I proved on the oath/affirmation of

_____, a credible witness

to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Public

(Seal)

My commission expires

IF YOU ARE HOMEBOUND OR LIVING ALONE, PLEASE USE THIS FORM. PLEASE INDICATE THAT YOU ARE EITHER ENDORSING YOUR PENSION BENEFIT CHECKS PERSONALLY OR YOU ARE UTILIZING THE ELECTRONIC DEPOSIT. AFTER YOU SIGN THE FORM (in the presence of a witness), HAVE A RELATIVE, FRIEND OR NEIGHBOR TAKE THE FORM TO A NOTARY PUBLIC TO HAVE HIS/HER SIGNATURE NOTARIZED. THE WITNESS MUST SIGN THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC.

State of _____

County of _____

I, state under oath, that I:

_____ am regularly receiving my pension benefit checks and am personally endorsing the checks.

_____ am using the mail or electronic deposit for the checks.

_____ Date

_____ Signature of Pension Recipient

I, the undersigned, personally observed the certification by the above named pension recipient.

_____ Witness' signature

_____ Witness' address, city, state

On _____, 200_____, _____ personally appeared before me.

_____ who is personally known to me

_____ whose identity I proved on the basis of _____

_____ whose identity I proved on the oath/affirmation of

_____, a credible witness

to be the person who signed this certificate while under oath, being sworn by me, and swears that he/she was present and saw _____ sign his/her name to the above document and that it is his/her signature.

Signed and sworn to before me by _____, this _____ day of _____, 200_____.

_____ Notary Public

(Seal)

My commission expires