



AUTOMOBILE MECHANICS' LOCAL 701 UNION AND INDUSTRY PENSION FUND

500 West Plainfield Road ~ Suite 104 ~ Countryside, IL 60525
Telephone: (708) 482-0220 ~ Toll Free: (800) 704-6271 ~ Fax: (708) 482-4242

ANNUAL PENSION VERIFICATION FORM FOR PENSION RECIPIENTS

PLEASE MAKE CORRECTIONS TO LABEL BELOW

Social Security Number

I state under oath that I: (Please mark all that apply.)

- _____ am regularly receiving my pension benefit checks and am personally endorsing the checks.
- _____ am using the electronic deposit.
- _____ am not working in prohibited employment as defined by the Plan.
- _____ am residing at the address stated on the label or am receiving mail at the post office box stated on the label.

_____ 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 of Pension Recipient

State of _____

County of _____

On _____ (date), _____ 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 electronic deposit.

_____ am not working in prohibited employment as defined by the Plan.

_____ am residing at the address stated on the label or am receiving mail at the post office box stated on the label.

Signature of Pension Recipient

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

_____ Witness' signature

_____ Witness' address, city, state

On _____ (date), _____ 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 _____ on _____ (date).

_____ Notary Public

(Seal)

My Commission Expires _____

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

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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