

IBEW Local 701 Fringe Benefit Office
28600 Bella Vista Parkway, Suite 1110
Warrenville, IL 60555-1600

I.B.E.W. Local 701 General Pension Fund
ANNUAL VERIFICATON FORM

READ CAREFULLY! SIGN, DATE AND HAVE YOUR SIGNATURE NOTARIZED.
RETURN THE COMPLETED FORM TO THE ADMINISTRATIVE OFFICE WITHIN 30 DAYS.

FAILURE TO RETURN THIS FORM COULD RESULT IN A SUSPENSION OF YOUR BENEFIT!!

1. I have authorized my monthly payments to be electronically deposited at my bank:

Bank Name _____ Account # _____

2. Please circle appropriate Marital Status: MARRIED SINGLE DIVORCED WIDOWED

If married, please indicate the following on your lawful spouse:

Spouse Name _____ SSN _____ Birth Date _____

3. Please circle the appropriate Medicare Status:

I am on Medicare Spouse on Medicare Both on Medicare No Medicare

4. Please provide us information regarding closest contact (not residing with you):

Name _____ Relationship _____

Address _____ Telephone# _____

RECIPIENT PLEASE PRINT:

Your Name _____ SSN _____ Birth Date _____

Address _____ Telephone# _____

I understand the rules of the Plan regarding retirement, disqualifying employment and notification of re-employment and verify that I continue to be retired as defined in the Pension Plan Rules and Regulations.

Recipient Signature _____ Date: _____

To be completed by Notary:

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Public (Signature and Seal)

Commission Expires