

New Jersey Carpenters Pension Fund 2011 Affidavit of Signature and Verification

The NJ Carpenters Pension Fund requires each pensioner, or remaining designated Spouse or Beneficiary, to submit an affidavit confirming that s(he) is the legal living recipient of monthly benefits from the Fund.

The affidavit below must be signed by you in the witness of a Notary Public and returned to the Fund Office within thirty (30) days from the postmark date of this letter. **Failure to do so will result in the suspension of your pension benefit until the affidavit is received in this office.** We advise that you make a copy of this affidavit for your records. Please return the original in the enclosed postage paid envelope.

State of _____) County of _____)

I, _____ do hereby certify that I am the pensioner or remaining designated spouse or beneficiary who was awarded a monthly pension benefit from the New Jersey Carpenters Pension Fund. I am currently receiving \$_____ per month.

Date _____ Signature _____

(_____) _____
Telephone Number Social Security Number of Member

_____ e-mail address Social Security Number of Spouse/Beneficiary

On the _____ day of _____ 201____, before me came _____
to me known and know by me to be the person described in and who executed the foregoing statement and s(he) duly acknowledged to me that s(he) executed the same.

_____ Notary Public My commission expires _____

If, and only if, your address is not correct on the mailing envelope complete section below:

My address on the mailing envelope is incorrect. Please correct/update my mailing address to:

This form must be notarized and returned in the enclosed postage paid envelope.

Failure to do so will result in the temporary suspension of your pension benefit.

Failure to report the death of a pensioner, spouse or beneficiary to the Fund Office may result in the suspension of benefits, legal action and/or require the reimbursement of benefits to the Fund.

Questions? Call 1-800-624-3096 or 732-417-3900, ext. 232