

Sheet Metal Workers' Pension Plan

OF SOUTHERN CALIFORNIA, ARIZONA & NEVADA

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RETIREMENT DECLARATION

NAME: _____

U.ID #: SM1

In retiring on a pension from the Sheet Metal Workers' Pension Plan of Southern California, Arizona and Nevada, I declare that I will comply with all of the Rules and Regulations of the Plan, and that:

1. I understand that while receiving pension benefits I must refrain from disqualifying employment in accordance with the Rules and Regulations of the Plan. Prior to age 65 I may not work anywhere for compensation or profit in the Sheet Metal Industry, as employer or employee or as an owner (including any ownership interest and certain employment capacities of my spouse). Beginning at age 65 and continuing until April 1st of the year following the year in which I turn age 70-1/2, I may work no more than 40 hours per month in the same industry, in the same trade or craft, and in the same geographic area covered by the Plan or a Related Plan. Certain exceptions to these rules may apply, as described in the Summary Plan Description.
2. I understand that if I work in violation of the rules of the Plan, my pension benefits may be suspended in accordance with the rules of the Plan, for months I work and for additional months. Other and additional penalties may also apply.
3. I understand that if I work in violation of the rules of the Plan, I am required to notify the Board of Trustees in writing of this fact within 30 days after I have worked. I further understand that if I fail to give the notice required, I may suffer additional disqualification and penalties.
4. I understand that if I am under age 65 while receiving my pension, I must furnish the Plan by May 15th of each year, copies of my federal tax returns and copies of all W-2 forms which were attached. I understand that failure to furnish this information as required may result in the suspension of my pension benefits, in accordance with the rules of the Plan.
5. I understand that if I elect health coverage under the Retiree Health Plan, it is my responsibility to apply for and obtain Medicare benefits and pay for Parts A and B, when I become eligible for Medicare. I further understand that, in order for the Plan to adjust the health deduction from my pension check to the lower Medicare-eligible rate and to coordinate benefits with Medicare, it is my responsibility to notify the Pension Plan immediately when I become entitled to Medicare benefits.
6. I UNDERSTAND THAT UNLESS MY CHECKS ARE BEING MAILED DIRECTLY TO THE BANK OR SAVINGS INSTITUTION FOR DEPOSIT, THEY MUST BE ENDORSED EITHER BY ME PERSONALLY, OR BY MY LEGALLY-APPOINTED CONSERVATOR, GUARDIAN OR INDIVIDUAL HOLDING MY POWER OF ATTORNEY.

Signature: _____ **Date:** _____