

SHEET METAL WORKERS' LOCAL 10 PENSION FUND

1681 East Cope Avenue, Suite B
Maplewood, MN 55109-2631

(651) 770-0991 1-800-396-2903
Fax (651) 770-1351

PART IX - Retirement Declaration

Name _____ SS# _____

Date of Retirement _____

In retiring on a pension from the Sheet Metal Workers' Local 10 Pension Plan, I declare that I will be bound by all the provisions of the Pension Plan, that I will personally endorse each pension check and will refrain from employment in any type of Disqualifying Employment as defined on the next page.

A. **Before Age 62,**

Until I reach age 62, engaging in **any** Disqualifying Employment will cause a suspension of my benefits from the Plan.

B. **On or After Age 62**

On or after my 62nd birthday, Disqualifying Employment will **not** cause a suspension of my benefits for any month **unless** I work at least 40 hours in Disqualifying Employment in that month. Because the rules regarding a suspension of benefits are complicated, I understand that I should contact the Fund Office for a specific application of the rules to my case.

I understand that if I perform work in violation of the above rules:

1. My pension benefits will not be paid for each month in which I work if I am under age 62, and for each month I am paid for or work more than 39 hours in Disqualifying Employment once I reach age 62.
2. I must notify the Trustees within thirty (30) days of any such Disqualifying Employment or else the Trustees may suspend my pension for an additional period of six (6) months over the suspension period in #1.
3. I must give notice to the Trustees of the date I cease Disqualifying Employment and return to retired status.

DATE

SIGNATURE