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**MCASF LOCAL 725 PENSION TRUST FUND
 VERIFICATION OF RETIREMENT**

November 1, 2022

Dear Pensioner or Beneficiary/Surviving Spouse,

The MCASF Local 725 Pension Plan requires periodic certification of each participant's retirement status for the previous 12 months. We ask for your cooperation in providing the information requested below. Please return this form in the enclosed envelope within thirty (30) days in order to avoid delays in receiving your monthly benefits.

A. YOUR INFORMATION	
Name	Spouse's Name
Social Security #	Social Security #
Date of Birth	Date of Birth
Address	
City, State, Zip	
Phone	Email
B. RETIREMENT STATUS <i>(This Section is Not Applicable to a Beneficiary or Surviving Spouse, and you may skip to section C.)</i>	
Have you worked in the past 12 months? No [] Yes [] If yes, please complete the following	
Employer	
Job Title	
Please indicate if the scope of your employment includes any of the work listed on Exhibit A, enclosed	
No [] I am not performing work included on the list provided	
Yes [] I am performing work included on the list provided, specifically: _____	
C. BENEFIT VERIFICATION	
My monthly pension payment is sent directly to my bank by the Benefit Office and I recently received the benefit payment for the month of _____, _____, in the amount of \$_____	

I certify that the information provide above is true and accurate to the best of my knowledge. I also am aware that I must notify the Benefit Office immediately should I return to work with any employer contributing to the Plan, any employer in the same or related trade or craft or in any self-employment in the same or related trade or craft. If any of the information provided in this statement or in addition to this statement from me that is determined to be false or misleading, the Trustees reserve the right to refer such matters to Fund Legal Counsel for appropriate action.

Your signature _____
Date

THIS FORM MUST BE NOTARIZED BY EITHER A NOTARY PUBLIC, AN AUTHORIZED UA LOCAL 725 REP OR FUND OFFICE STAFF

_____, who personally appeared before me, and after being duly sworn upon oath and affirming that this application is true and correct, signed the application before me on this ____ day of _____, 202__.

(Place Notary stamp in this area)

Signature Notary Public UA Local 725 Rep Benefit Office Staff