

Teamsters Local 641 Pension Fund

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www.641funds.org



May 2, 2023

The Board of Trustees is conducting an internal audit of our records and it is necessary that each recipient of a pension from this Fund complete and sign this affidavit in the presence of a notary public, **returning it to this office within forty-five (45) days.** (Please note, if you are receiving any form of pension benefits you are the "PENSIONER" for the purposes of completing this form). **ALL QUESTIONS MUST BE ANSWERED.** If you need help, contact the fund office for assistance.

PENSIONER'S STATEMENT: I, _____ certify that I am the recipient of a monthly pension benefit from Teamsters Local 641 Pension Fund.

PENSIONER'S ADDRESS: _____

PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

I HEREBY CERTIFY THAT I ☐ HAVE / ☐ HAVE NOT WORKED SINCE THE EFFECTIVE DATE OF MY PENSION

(IF YOU HAVE WORKED, YOU MUST COMPLETE THE FOLLOWING SECTION):

EMPLOYER	ADDRESS & PHONE #	JOB TITLE	EMPLOYMENT DATES
			FROM TO

(If you need additional room, please provide all requested info on the back of this form.)

1) _____ XXX-XX-_____
Participant's Signature Participant's Social Security # Date Signed

2) _____ XXX-XX-_____
Spouse's Signature Spouse's Social Security # Date Signed

***If spouse is deceased or if you are divorced give date:** _____ **OR** _____
Spouse's Death Date Divorce Date

SUBSCRIBED AND SWORN TO BEFORE _____ STATE OF _____
ME ON THIS _____ DAY OF _____ MY COMMISSION EXPIRES ON THE
_____, 20____. _____ DAY OF _____, 20____.

NOTARY PUBLIC SIGNATURE