Teamsters Local 641 Pension Fund

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December 29, 2025

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, to avoid an interruption in pension benefits.** (**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: _____

_____

CELL PHONE: _____ **PHONE:** _____

EMAIL: _____

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

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

Employer Name	
Address of Employer	
Phone# & Position	**Phone #** **Position:**
Employment Dates	**Start date:** **Ending date:**
Total Hours Worked Each Week	
(If you need additional room, please provide all requested information on the back of this form.)	

THIS SECTION MUST BE COMPLETED IN FULL NO MATTER WHAT TYPE OF BENEFITS YOU ARE RECEIVING.

_____ XXX-XX-_____**(Last four #'s)** _____
Pensioner's Signature **Pensioner's Social Security #** **Date Signed**

_____ XXX-XX-_____**(Last four #'s)** _____
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 ME ON THIS _____DAY OF _____, 20____.

STATE OF _____
MY COMMISSION EXPIRES ON THE _____ DAY OF _____, 20_____.

_____
NOTARY PUBLIC SIGNATURE