

# Blasters, Drillrunners & Miners Union Local #29 Pension Fund

43-12 Ditmars Blvd.  
Astoria, NY 11105  
718-278-5800 • Fax: 718-278-8111

Dear Sir or Madam:

In order that the Trustees may be assured that you are still receiving your pension checks regularly, please complete the following statements in the presence of a Notary Public OR visit the Fund Office and complete such statements in the presence of the Fund Administrator. If you need to change your Federal Tax withholding for your monthly pension payment, please contact the fund office for a new form.

In addition, if you are in receipt of a Disability Pension and under the age of 60 years old, please furnish a copy of the last check or notice you received from the Social Security Administration OR bring the check with you when you visit the Fund Office.

You will not receive any more pension checks until you comply with the instructions set forth above and your signed statement is on file in the Fund Office.

I, the undersigned, being duly sworn, depose and state that:

1. My name is (please print) \_\_\_\_\_
2. Social Security Number \_\_\_\_\_ Phone # \_\_\_\_\_
3. My address is \_\_\_\_\_  

Number
Street
City
State
Zip
4. My date of birth is: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
5. If your Welfare Fund beneficiary is deceased or if you wish to change your beneficiary, please contact the Fund Office to obtain a new beneficiary card.

Date: \_\_\_\_\_  

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ )  
 County of \_\_\_\_\_ )

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  

Notary Public

This is to certify that the above named appeared in person at the Fund Office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ and completed the above statement.

\_\_\_\_\_  
Thomas Russo - Administrator