

TEAMSTERS BENEFIT FUNDS
303 MOLNAR DRIVE, ELMWOOD PARK, NEW JERSEY 07407
(201) 867-3553 (866) 560-3863

Mandatory Notary Response Required

September 10, 2026

We are 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, **return to this office ASAP and before September 30, 2026, to avoid an interruption in pension payments.**

Very Truly Yours,

Board of Trustees
TIE Pension Fund

PENSIONER'S STATEMENT: I, _____, certify that I am the recipient of a previously approved Pension Benefit and acknowledge my continuing eligibility and receipt thereof from the TIE Pension Fund.

I further certify that I () am presently employed () am not presently employed.

If you are presently employed, please supply the following information. If more than one employer, give details on back of this form:

Name of present employer Dates of employment

Address of present employer Telephone of employer

Position with present employer Total hours worked per month

THIS SECTION MUST BE COMPLETED

Email _____

Pensioner's Social Security Number Pensioner's Signature Telephone Number

Mailing Address City and State Zip Code

Spouse's Social Security Number Spouse's Signature Date

PLEASE BE ADVISED THAT IF **YOU AND YOUR SPOUSE** PERSONALLY APPEAR AT THE FUND OFFICE WITH IDENTIFICATION, A STAFF MEMBER WILL NOTARIZE YOUR SIGNATURES FOR YOU AT NO COST.

IF YOU REQUIRE ANY ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL THE FUND OFFICE AND A STAFF MEMBER OF THE PENSION DEPARTMENT WILL BE HAPPY TO ASSIST YOU.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____.

Signature of Notary

THIS SECTION MUST BE SIGNED IF YOU ARE UNDER THE AGE OF 70 ½.

AUTHORIZATION TO OBTAIN EARNINGS DATA FROM SOCIAL SECURITY ADMINISTRATION

Please furnish the Pension Fund of Teamsters Industrial Employees 303 Molnar Drive 1st Fl., Elmwood Park, NJ 07407, Job No. RA PENF 09 8623 an itemized statement of all quarterly and annual amounts of wages reported to my records for the periods specified by that organization and the identification numbers, names and addresses of the reporting employers.

Date Signed Social Security Number Signature of Social Security Holder