



SOUTHERN CALIFORNIA PIPE TRADES RETIREMENT FUND

501 Shatto Place, Suite 500, Los Angeles, CA 90020 | (800) 595-7473 (213) 385-6161 | Fax (213) 383-6801 | www.scptac.org

ANNUAL STATEMENT BY PENSIONER

This form must be completed, signed and returned within 60 days but no later than May 15, 2023 according to the Pension Plan of the Southern California Pipe Trades Retirement Fund.

The undersigned pensioner under the Pension Plan does hereby certify to the Board of Trustees under penalty of perjury as follows:

I **AM NOT** currently engaged in any occupation or employment, nor did I engage in any occupation or employment while I was retired in 2022 or 2023.

I **AM** currently engaged in an occupation or employment or I did engage in an occupation or employment while I was retired in 2022 or 2023, as listed on the attached "Employment Form". In the event that the listed employment was not previously approved by the Trustees, a detailed job description from the employer must be returned to the Fund Office along with this statement.

This certification is made to the Board of Trustees so that I may continue to receive my pension, and with the understanding that this document will be relied upon by the Board of Trustees for this purpose. I understand that I am required to advise the Fund Office immediately if I engage in any occupation or employment in the future.

Name of Pensioner: *(Please Print)*

Social Security Number:

	<i>(provide only last four numbers)</i> XXX-XX-
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Signature of Pensioner:

Date:

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CERTIFICATION OF SIGNATURE

The signature of the Participant must be witnessed by a D.C. #16 Local Union Business Manager **OR** notarized by a certified Notary Public below:

D.C. #16 Local Union Business Manager:

X _____
(Signature of D.C. #16 Local Union Business Manager)

Date

OR

Notary Public:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

On _____ before me _____, personally appeared
(Date) *(Here Insert Name and Title of Officer)*

_____, who proved to me the basis of satisfactory evidence to be the person
(Name of Signer)

whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signatures on the instrument the person executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of _____ that the foregoing paragraph is true and correct.

[Notary's Seal]

Witness my hand and official seal: _____
(Signature of Notary Public)

EMPLOYMENT FORM

Please complete this form if you engaged in ANY occupation or employment in 2022 or 2023 after your retirement.

Name of Pensioner: *(Please Print)*

Social Security Number:

(provide only last four numbers)

XXX-XX-

Name of Employer	Address and Location of Employment	Month/Year		Type of Work Performed (Please be specific)	Number of Hours Worked Per Month
		Started	Left		