



Graphic Communications Conference of the  
International Brotherhood of Teamsters

**NATIONAL PENSION FUND**    
455 Kehoe Boulevard, Suite 101, Carol Stream, IL 60188

Voice: 630.871.7733

Internet: [www.gccibt-npf.org](http://www.gccibt-npf.org)

January 2022

**\*\*\* IMPORTANT NOTICE REQUIRING YOUR IMMEDIATE ACTION \*\*\***

Dear Retiree or Surviving Spouse:

The Board of Trustees of the GCC/IBT National Pension Fund is required to verify that every retired participant or surviving spouse who is receiving a pension benefit is alive. You are therefore required to complete the enclosed **ATTESTATION OF LIFE FORM, SECTION A**, and return it to the Fund Office no later than March 1, 2022. Your signature must be witnessed.

If the Retiree or Surviving Spouse is deceased, **ONLY SECTION B of the Form** must be completed and returned to the Fund Office with a copy of the person's Death Certificate.

If the Retiree or Surviving Spouse is under Guardianship, Conservatorship or has assigned Power of Attorney, **ONLY SECTION C of the Form** must be completed and returned to the Fund Office with appropriate documentation.

The Board of Trustees is not requiring the Form to be notarized this year.

**It is important to note that your signature must be witnessed by someone, and they too must sign the Form.** Anyone can be a witness including a relative, friend, neighbor or caregiver.

The Form with original signatures must be returned to the Fund Office in the return envelope provided for your convenience. Please return the Form immediately **but no later than March 1, 2022.**

**DO NOT FAX OR EMAIL THE ATTESTATION OF LIFE FORM AS FORMS WITH ORIGINAL SIGNATURES ARE REQUIRED!**

It is vital that you complete and return the Form to ensure the uninterrupted payment of your benefits.

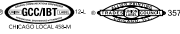
**If your completed Form is not received in the Fund Office by March 1, 2022, your future pension benefit payments may be suspended or delayed until the Form is completed and returned to us.**

As always, if you have questions, please contact the Fund Office.

Sincerely,

**Board of Trustees**

Enclosures



## ATTESTATION OF LIFE FORM

This Form must be signed by the Retiree or Surviving Spouse receiving pension benefits from the GCC/IBT National Pension Fund. Your signature must be witnessed, and the Witness must sign this Form as well. Failure to return this completed Form to the Fund Office will result in the withholding of the Retiree's/Surviving Spouse's pension benefit. If the Retiree or Surviving Spouse is deceased, **SKIP SECTION A AND COMPLETE ONLY SECTION B on page 2.** If the Retiree/Surviving Spouse is under Guardianship, Conservatorship or has assigned Power of Attorney to another person, **SKIP SECTIONS A and B AND COMPLETE ONLY SECTION C on page 2.**

### SECTION A – RETIREE/SURVIVING SPOUSE ATTESTATION

I, \_\_\_\_\_, hereby solemnly declare and attest that I am alive on  
(PRINT FULL NAME OF RETIREE/SURVIVING SPOUSE)

\_\_\_\_\_. My current address, phone number and email address are as follows:  
(DATE OF ATTESTATION)

\_\_\_\_\_  
(STREET ADDRESS) (CITY, STATE, ZIP CODE)

\_\_\_\_\_  
(PHONE NUMBER) (LAST 4 DIGITS OF SOCIAL SECURITY NUMBER) (EMAIL ADDRESS, IF AVAILABLE)

I declare under penalty of perjury that the forgoing is true and correct. I also understand that the knowing or willful falsification of information on this Attestation can result in the withholding of my pension benefit.

\_\_\_\_\_  
(SIGNATURE OF RETIREE/SURVIVING SPOUSE NAMED ABOVE) (DATE)

### WITNESS ATTESTATION

I, \_\_\_\_\_, hereby declare under penalty of perjury that I  
(PRINT NAME OF WITNESS)  
personally witnessed the signing of this Attestation by the Retiree/Surviving Spouse named herein and understand that knowing or willful falsification of information on this Attestation can result in legal action taken by the Fund to the full extent of the law and can result in the withholding of the named Retiree's/Surviving Spouse's pension benefits.

\_\_\_\_\_  
(SIGNATURE OF WITNESS) (RELATIONSHIP/ASSOCIATION)

\_\_\_\_\_  
(DATE OF WITNESSING RETIREE'S/SURVIVING SPOUSE'S SIGNATURE)

**RETURN THIS FULLY COMPLETED FORM BEARING ORIGINAL SIGNATURES, TO THE FUND OFFICE IN THE RETURN ENVELOPE PROVIDED BY MARCH 1, 2022 – DO NOT FAX OR EMAIL THIS FORM AS IT WILL BE REJECTED**

**STOP HERE IF RETIREE/SURVIVING SPOUSE HAS COMPLETED SECTION A ON PAGE 1  
AND RETURN THE COMPLETED FORM TO THE FUND OFFICE BY MARCH 1, 2022**

**SECTION B – RETIREE/SURVIVING SPOUSE IS DECEASED**

**COMPLETE THIS SECTION B ONLY IF THE RETIREE/SURVIVING SPOUSE TO WHOM THIS FORM WAS  
ADDRESSED IS DECEASED**

\_\_\_\_\_  
(PRINT NAME OF DECEASED RETIREE/SURVIVING SPOUSE)

\_\_\_\_\_  
LAST 4 DIGITS OF  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF DEATH

**PLEASE CALL THE FUND OFFICE IMMEDIATELY AT (630) 871-7733 AND SEND THIS FORM ALONG WITH  
A COPY OF THE RETIREE/SURVIVING SPOUSE'S DEATH CERTIFICATE TO THE FUND OFFICE IN THE  
ENVELOPE PROVIDED.**

\_\_\_\_\_  
(PRINT YOUR NAME)

\_\_\_\_\_  
YOUR PHONE NUMBER

\_\_\_\_\_  
YOUR EMAIL ADDRESS

**SECTION C – RETIREE/SURVIVING SPOUSE IS UNDER GUARDIANSHIP,  
CONSERVATORSHIP OR HAS ASSIGNED POWER OF ATTORNEY TO ANOTHER PERSON**

**COMPLETE THIS SECTION C ONLY IF THE RETIREE/SURVIVING SPOUSE TO WHOM THIS FORM WAS  
ADDRESSED IS UNDER GUARDIANSHIP, CONSERVATORSHIP, OR HAS ASSIGNED POWER OF  
ATTORNEY TO ANOTHER PERSON. ATTACH TO THIS COMPLETED FORM COPIES OF THE LEGAL  
DOCUMENTS ASSIGNING GUARDIANSHIP, CONSERVATORSHIP, OR POWER OF ATTORNEY AND  
RETURN THEM TO THE FUND OFFICE IN THE ENVELOPE PROVIDED BY MARCH 1, 2022.**

I, \_\_\_\_\_ HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT  
(PRINT NAME OF INDIVIDUAL COMPLETING FORM)

\_\_\_\_\_, WHOSE SOCIAL SECURITY NUMBER'S LAST FOUR DIGITS  
(PRINT NAME OF RETIREE/SURVIVING SPOUSE)

**ARE \_\_\_\_\_, IS UNDER GUARDIANSHIP, CONSERVATORSHIP, OR HAS ASSIGNED POWER  
OF ATTORNEY TO ANOTHER PERSON.**

\_\_\_\_\_  
(SIGNATURE OF INDIVIDUAL COMPLETING THIS FORM)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(FULL MAILING ADDRESS OF INDIVIDUAL COMPLETING THIS FORM)

\_\_\_\_\_  
(PHONE NUMBER OF INDIVIDUAL COMPLETING THIS FORM)

\_\_\_\_\_  
(EMAIL ADDRESS OF INDIVIDUAL COMPLETING THIS FORM)

**STATE YOUR ROLE WITH RESPECT TO AND/OR YOUR RELATIONSHIP TO RETIREE/SURVIVING SPOUSE  
REFERENCED HEREIN: \_\_\_\_\_**