

ALASKA PLUMBING AND PIPEFITTING INDUSTRY
PENSION TRUST FUND

ACCEPTANCE OF RE-EMPLOYMENT REGULATIONS

DIRECTIONS: Sign this form in the presence of a notary public or an authorized Plan representative, and return it to the Trust Office along with your application for pension benefits. Your application for benefits will not be processed until the Trust Office receives this completed and properly witnessed form.

I certify that I have received the "Rules of Re-Employment After Retirement" and have read and understood them. I agree that retirement eligibility and payments are to be governed entirely by the provisions of the Plan, or as the Plan may hereafter be amended, and that the payment of any retirement benefit and its acceptance by me shall not prevent the Trustees from recovering, or in any other way, affect their right to recover, any payment to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the making of any retirement payment to me obligate the Trustees in any way to make further payments in any amount whatsoever except as may be provided by the Plan as it may from time to time be amended.

Furthermore, if I return to employment, I understand that the monthly benefit amount set forth at this time may vary from that to which I may actually be entitled.

Print Your Name

Your Social Security Number

Signature

Date

WITNESSED BY TRUST REPRESENTATIVE:

Signature Of Trust Representative

Date Signed

OR

NOTARY ONLY:

Subscribed to and sworn before me at _____ on this _____
day of _____, 20____.

My commission expires _____.

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Notary Public's Telephone No.

Notary Public's Signature

Date Signed

Notary Public's Address

City, State, ZIP Code