



**MCASF LOCAL 725 PENSION TRUST FUND  
VERIFICATION OF RETIREMENT**

October 1, 2024

Dear Beneficiary or Surviving Spouse,

The MCASF Local 725 Pension Plan requires periodic certification of each participant’s retirement status for the previous 12 months. We ask for your cooperation in providing the information requested below. Please return this form in the enclosed envelope within thirty (30) days in order to avoid delays in receiving your monthly benefits.

<b>A. YOUR INFORMATION</b>	
Name	
Social Security #	
Date of Birth	
Address	
City, State, Zip	
Phone	Email
<b>B. FORMER SPOUSE OR 725 MEMBER’S INFORMATION</b>	
Former Spouse or Member’s Name	
Social Security #	
Date of Birth	Date of Death
Date of Divorce <i>(if applicable)</i>	
<b>C. BENEFIT VERIFICATION</b>	
My monthly pension payment is sent directly to my bank by the Benefit Office and I recently received the benefit payment for the month of _____, _____, in the amount of \$_____.	

I certify that the information provide above is true and accurate to the best of my knowledge. If any of the information provided in this statement or in addition to this statement from me that is determined to be false or misleading, the Trustees reserve the right to refer such matters to Fund Legal Counsel for appropriate action.

\_\_\_\_\_  
**Your signature** **Date**

**THIS FORM MUST BE NOTARIZED BY EITHER A NOTARY PUBLIC, AN AUTHORIZED UA LOCAL 725 REP OR FUND OFFICE STAFF**

\_\_\_\_\_, who personally appeared before me, and after being duly sworn upon oath and affirming that this application is true and correct, signed the application before me on this \_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
**Signature**  **Notary Public**  **UA Local 725 Rep**  **Benefit Office Staff** **(Place Notary stamp in this area)**