

UNITED INDUSTRIAL WORKERS PENSION PLAN

5201 Capital Gateway Drive
Camp Springs, Maryland 20746-4275
(301) 899-0675

Margaret R. Bowen
Administrator

May 14, 2021

Re: 2021 Annuity Certification

Dear Pensioner:

Our records indicate that you are currently receiving a monthly pension benefit from the United Industrial Workers Pension Plan ("Plan"). The Plan wants to make sure that you are personally receiving your monthly pension check. Enclosed is an Annuity Certification Form, which you need to complete to continue to receive your monthly benefits.

Your completed form **MUST** be returned to the Plan by **August 15, 2021**. **Failure to return your Annuity Certification Form by this deadline will result in the suspension of your monthly pension benefit.**

Complete Section 1 of the form as it applies to you. In order to ensure that you are personally completing the form, you **MUST** sign Section 2 of the form in the presence of either a Notary Public or an authorized UIW/Plan Representative.

Please return the completed form by: e-mail: map@seafarers.org; fax: (301) 702-6061; or mail: MAP, 5201 Capital Gateway Drive, Camp Springs, MD 20746.

If you have any questions regarding this notice, contact the Seafarers Member Assistance Program at (800) 252-4674 (Option 2) or map@seafarers.org. Additional information regarding the Plan can be found online at www.uiwunion.org under UIW Forms.

Sincerely,

Margaret R. Bowen
Administrator

UNITED INDUSTRIAL WORKERS PENSION PLAN

5201 Capital Gateway Drive ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 2) ■ F: (301) 702-6061 ■ www.uiwunion.org

As a pensioner in the United Industrial Workers Pension Plan, you must complete and have this form notarized by a Notary Public or witnessed by an authorized UIW/Plan Representative by the deadline date or your monthly pension benefit will be suspended. Complete Section 1 as it applies to you. Section 2 of the form must be signed by you in the presence of a Notary Public or an authorized UIW/Plan Representative. Return the completed form by: email: map@seafarers.org; fax: (301) 702-6061 or mail: MAP, 5201 Capital Gateway Drive, Camp Springs, MD 20746

ANNUITY CERTIFICATION FORM

1 Pensioner's Information

Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Birth

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

Marital Status

- Single
 Married
 Divorced
 Widow(er)

Are you receiving your pension benefit each month?

Select one of the annuity certification types below if you are receiving your pension check in the mail or in your bank account each month:

- I am receiving my pension check by mail
 My pension check is direct deposited into my bank account

Are you the spouse of a deceased pensioner?

If you are a widow(er) receiving a Survivor Annuity as the surviving spouse of a deceased pensioner, please provide the deceased's information below:

Deceased Pensioner's Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Birth

Does someone else legally act on your behalf?

If someone else is legally authorized to act on your behalf, please provide the required documents and the following information for him or her:

- Copy of Power of Attorney (POA) OR Letter of Guardianship Required

POA or Guardian's Full Name (First, Middle Initial, Last)

Relationship

Cell Phone Number

Home Phone Number

2 Pensioner's Signature

I have made the above statements and representations to the Board of Trustees of the United Industrial Workers Pension Plan with the knowledge that they will rely on the information provided when verifying the status of my current pension.

Pensioner or POA/Guardian's Signature

Date Signed

THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC OR AN AUTHORIZED UIW/PLAN REPRESENTATIVE

3 Notarization

State of: _____ County of: _____

On this the _____ day of _____, 20____, before me, _____, the undersigned,
Day Month Year Notary Public or UIW/Plan Representative's Name

personally appeared _____, satisfactorily proven to be the person named in and personally signed, sealed, and
Pensioner or POA/Guardian's Name
delivered this Annuity Certification Form as his or her act and deed.

Notary Public's or UIW/Plan Representative's Signature

Date Signed

IMPORTANT NOTE: If there has been a change in your marital status or designated beneficiary, update your information with the Plan immediately. You may request the United Industrial Workers Pension Plan's beneficiary form by calling (800) 252-4674 (Option 2), you can find it online at www.uiwunion.org under UIW Forms, or at your local port.

DIRECT DEPOSIT NOTE: If your bank verifies the deposit of your pension check then it accepts liability of funds deposited after your death.