



# UNITED INDUSTRIAL WORKERS PENSION PLAN

## PENSION CERTIFICATION FORM

### Instructions:

This form is for you to verify that you are receiving your monthly pension benefits. Fill out the entire form, provide any required documents, and remember to sign and date it in front of a Notary Public or Plan Representative. Return your completed form to the Plan by email, fax, or mail.

More information about your benefits, visit us online at [www.uiwunion.org](http://www.uiwunion.org), which is immediately updated whenever there is a benefit change.

### Contact Us

If you need any assistance with the form or **you are not receiving your monthly benefits**, contact the Pension Department at [pensions@seafarers.org](mailto:pensions@seafarers.org) or (800) 252-4674 (Option 2). Please return your completed form to:

Email: [map@seafarers.org](mailto:map@seafarers.org)

Fax: (301) 702-6061

Mail: Member Assistance Program  
5201 Capital Gateway Drive  
Camp Springs, MD 20746

## SECTION 1 Participant Information

Pensioner Name:			SSN or ITIN: <b>XXX-XX-</b>	DOB:
Address Line 1:			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	
Address Line 2:			Cell Phone:	Home Phone:
City:	State:	Zip Code:	Email:	

### 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's Name:	SSN or ITIN:	DOB:
------------------	--------------	------

### Attention: Does someone else legally act on your behalf?

If someone else is legally authorized to act on your behalf, please complete Section 2 and provide a copy of the following document(s):

Power of Attorney (POA)      Letter of Guardianship

## SECTION 2 Power of Attorney (POA) or Guardian Information

POA or Guardian Full Name:			Relationship:
Address Line:			Cell Phone:
City:	State:	Zip Code:	Email:

## SECTION 3 MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC OR PLAN REPRESENTATIVE

## SECTION 3 Pensioner Authorization

I certify that the above information is true and correct and that I am receiving my pension benefits each month. I have provided this information with the understanding the United Industrial Workers Pension Plan will rely on the information for verification of benefits under the Rules and Regulations of the Plan.

Pensioner Signature:	Date Signed:
----------------------	--------------

## SECTION 4 Verification by Notary Public or Plan Representative

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned, personally appeared \_\_\_\_\_, satisfactorily proven to be the person named in and personally signed, sealed, and delivered this Pension Certification Form as his or her act and deed.

Notary Public or Plan Representative Signature:	Date Signed:
---	--------------