



Benefit Services

SERVING LOCAL UNION 725 & MCASF

15800 Pines Blvd, Suite 201, Pembroke Pines, FL 33027
info@725benefits.org | 754.777.7735

Dear Beneficiary/Surviving Spouse:

The MCASF Local 725 Pension Plan requires periodic certification of each participant's retirement status for the previous 12 months.

Please complete and return the enclosed Pension Verification Statement **as soon as possible** to avoid suspension of future benefit payments. The form **must be notarized**. Please sign and date the form in the presence of a Notary Public.

The Pension Verification Statement is required by the Pension Plan's rules and helps the Board of Trustees confirm each participant's retirement status. It also allows the Benefit Office to verify that we have your current mailing address so that you continue to receive important Pension Fund communications and tax documents, including your **Form 1099-R**, which is needed when filing your annual federal income tax return.

If a beneficiary or surviving spouse resides in a hospital or nursing home and is unable to complete the form independently, a representative may complete and return the form on their behalf. **Please include a copy of the applicable Power of Attorney with the completed form.**

For your convenience, a return envelope has been enclosed. Please return the completed and notarized statement by **November 1, 2026**.

It is important that the form be returned by the deadline. Failure to return the completed statement may result in suspension of future benefit payments until the required certification is received.

Thank you for your prompt attention and cooperation with this annual certification requirement.

Sincerely,

Retirement Service
MCASF Local 725 Pension Trust Fund



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MCASF LOCAL 725 PENSION TRUST FUND VERIFICATION OF RETIREMENT

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. This form must be notarized, please sign and date when in front of Notary Public.

A. YOUR INFORMATION

Name

Social Security #

Date of Birth

Address

City, State, Zip

Phone

Email

B. YOUR FORMER SPOUSE OR 725 MEMBER'S INFORMATION

Former Spouse or Member's Name

Social Security #

Date of Birth

Date of Death

Date of Divorce (if applicable)

C. YOUR BENEFIT VERIFICATION

My monthly pension payment is sent directly to my bank by the Benefit Fund Office and I recently received the benefit payment for the month of _____, 20____, in the amount of \$_____.

I certify that the information provided 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 is determined to be false or misleading, the Trustees reserve the right to refer such matters to Fund Legal Counsel for appropriate action. I understand that this form must be signed and dated in front of a Notary Public.

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__.

(Place Notary stamp in this area)

Signature of

☐ **Notary Public**

☐ **UA Local 725 Rep**

☐ **Benefit Fund Office Staff**