



# Benefit Services

SERVING LOCAL UNION 725 & MCASF

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

October 1, 2025

Dear Beneficiary/Surviving Spouse,

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

It is important that you send in your statement as soon as possible to prevent any suspension of future benefit payments. This form **MUST BE NOTARIZED**, please sign and date when you are in front of a Notary Public.

Though the Pension Plan rules require the Board of Trustees obtain periodic certification of each participant's retirement status, the Pension Verification Statement also assist the Benefit Office to ensure that they have the correct address for you, so that you will receive all important information regarding the Pension Fund as well as your tax documentation (Form 1099R) which you need when filing your annual 1040 tax form.

If a beneficiary/surviving spouse resides in a hospital or Nursing Home and cannot complete this form by his or herself, please complete the form and return with a copy of a Power of Attorney.

To assist you a return envelope has been enclosed. Please send back this statement by **November 1, 2025**. It is important to return the form as non-receipt will result in suspension of future benefits until received.

Thank you for your cooperation with this annual certification request.

Sincerely,

Retirement Service  
MCASF Local 725 Pension Trust Fund



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October 1, 2025

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. 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. 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. 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 _____, _____, 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**