

BUFFALO LABORERS' PENSION FUND
25 Tyrol Drive, Suite 200 Cheektowaga, NY 14227

REQUEST FOR RESUMPTION OF MONTHLY PENSION BENEFITS
(Participant under age 65)

TO: Buffalo Laborers' Pension Fund
25 Tyrol Drive, Suite 200
Cheektowaga, New York 14227
Attn: Fund Administrator

Dear Fund Administrator:

Please be advised that I, _____, terminated employment with
(Insert Name)

_____ whose address is _____
(Print name of employer) (Insert employer's address)

My last day of work was _____
(Insert date)

I worked for that employer during the month(s) of _____
(Insert month(s))

Please start to send to me my monthly pension checks again, commencing the later of _____, 20__ or the first day of the third calendar month after the month in which I ceased Disqualifying Employment (as defined in the Pension Fund's summary plan description), less any amounts, if any, that should be offset for months that I worked in Disqualifying employment and collected a pension check.

Sincerely,

Signature

Date

Print name

Social security number

Address

Telephone number