

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

REQUEST FOR RESUMPTION OF PENSION BENEFITS
(Participant age 65 and older)

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

Dear Fund Administrator:

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

_____ located at _____.
(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 _____
for 40 or more hours. *(Insert Month(s))*

Please start to send to me my monthly pension checks again, commencing the later of _____
_____, _____ or the first day of the third calendar month after the month in which I ceased
Disqualifying Employment (as defined in the Pension Funds' summary plan description), less any
amounts, if any, that should be offset for months that I worked in Disqualifying Employment for 40 or
more hours and collected a pension check.

Sincerely,

Signature

Date

Print Name

Social Security Number

Address

Telephone Number