

NOTICE OF RETURN TO RETIREMENT

Complete and mail to the Fund Office.

TO: Central Laborers' Pension Fund
P. O. Box 1267
Jacksonville, Illinois 62651-1267

FROM: _____
(Print Name)

SSN: _____

ADDRESS: _____

Please be advised that I have stopped working in disqualifying employment and request my pension to be resumed as soon as possible.

Date I stopped working: _____
(Month/Day/Year)

Name of last employer: _____

Address of last employer: _____

Participant's Signature

Date