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Southern Nevada Culinary & Bartenders Pension Plan
1820 E. Sahara Avenue, Suite 314
Las Vegas, NV 89104

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN

(702) 369-0000

Date: _____

Name: _____ SSN: _____
Address: _____
City State Zip: _____

RE: CERTIFICATION OF CONTINUED ELIGIBILITY TO RECEIVE PENSION BENEFITS

Please certify by completing this statement and checking the appropriate boxes that: (1) you received all of your monthly checks through _____; and (2) you **personally signed** each check *OR,* if your checks were sent directly to your bank, you received credit for all checks.

All future checks will be held until the Pension Office receives this Certification Statement.

CITIZENSHIP & RESIDENT STATUS

YOU MUST CHECK ALL APPROPRIATE BOXES BELOW

I am a citizen of the United States:		I physically live:	
(check one)		***(check one)***	
❒ Yes	❒ No	❒ In the USA	❒ Outside the USA

I certify that I have received all my monthly checks (or bank credit for all checks).

I certify under penalty of perjury that all information is true and correct.

_____
Signature of Pensioner
(Contact our office if you are unable to sign your name.)

Current Address & Telephone No.

_____
Street

_____
City State Zip

(_____) _____
Area Code Telephone Number

WITNESS:

_____
Authorized Plan Representative (Pension Office)

- OR -

NOTARY:

SUBSCRIBED and SWORN to before me

this _____ day of _____ 20___

_____
Notary Public

_____
Commission Expiration Date