



# INTERMOUNTAIN IRONWORKERS PENSION TRUST FUND

## INTERMOUNTAIN IRONWORKERS PENSION PLAN ANNUAL AFFIDAVIT

October 2025

**Please complete, sign and return this form by November 15, 2025. If the Administrative Office does not receive your form before then, your monthly payments from the Plan may be withheld until it is received.**

If you are submitting this form via U.S. mail, your signature below must be notarized. Alternatively, you may go to one of the Trust Fund offices listed below and submit this form in person, where a Fund office employee can witness your signature. The Trust Fund office is open Monday through Friday (except holidays) from 8:00 a.m. to 4:00 p.m. Be sure to bring identification with you.

5295 S. Commerce Dr.  
Suite 220  
Murray, UT 84107  
(801) 606-2326

3930 S. 147th Street  
Suite 100  
Omaha, NE 68144  
(402) 401-2345

4704 Harlan Street  
Suite 104  
Denver, CO 80212  
(303) 487-4300

I hereby certify to the Board of Trustees, UNDER PENALTY OF PERJURY, the following (Check One):

1.  **I DID NOT** work in the Industry<sup>1</sup> in 2024 (or since my retirement date if retired in 2024).
2.  I was born after 1958 and **I DID WORK** in the Industry in 2024. Some of my work was not covered by the Plan. I have completed the Employment Information form on the following page and furnished a copy of the first two (2) pages of my Federal tax return, and all W-2's received for wages earned.
3.  I was born after 1958 and **I DID WORK** in the Industry in 2024. All of my work was covered by the Plan. (Your Pension benefits will not be suspended. However, you will not receive new benefit accruals until after your Normal Retirement Age (generally, age 65).)
4.  I am a **BENEFICIARY** or I am an alternate payee under a **QDRO**. I do receive my monthly pension payment.
5.  I was born after 1958 and am receiving a **Social Security DISABILITY Pension**. I have attached proof of continued Social Security benefits. (Attach a copy of 2024 year end statement and/or 1099 from Social Security Administration). I received a Social Security Disability payment for every month in 2024.
6.  I am receiving an **Industry DISABILITY Pension**. I have attached continued proof of disability (letter from physician dated within the last 12 months stating I continue to suffer from bodily injury or disease, a medically determinable physical or mental impairment that can be expected to result in death or to be of continued and indefinite duration, and that renders me unable to engage in iron work.

<sup>1</sup> "Industry" as used herein is Prohibited Employment, as defined in Plan Section 9.09. See also the Summary Plan Description Article XV and the 3 bullets under the table on page 2.

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7. \_\_\_\_\_ I was born before 1959. I do receive my monthly pension payment from the Plan. (Your Pension benefits will not be suspended, even if you work in the Industry. However, any new benefit accruals that you earn are offset by the actuarial value of the benefit payments you receive.)

INDUSTRY EMPLOYMENT INFORMATION

I worked in the Industry ("Prohibited Employment" as defined in the Plan, SPD and below) as follows in 2024:

Name/Address of Employer	Date Started/Date ended	Job description

- You are engaged in any employment or activity for wages or profit, including self-employment, in the building and construction industry, wherever such employment or activity may be performed;
- You are engaged in any type of employment for any employer who is engaged in any type of work or activity within the building and construction industry, wherever such employment or activity may be performed; or
- You are engaged in "maintenance work" for any employer wherever such maintenance work may be performed. For this purpose, "maintenance work" means the type of work generally covered by the provisions of a Written Agreement for the purpose of remodeling, renovating, or repairing existing facilities or equipment.

By my signature below I certify the above statements are true and correct. I understand that Section 1027 of Title 18 of the U.S. Code makes it a crime to knowingly make a false statement in a document required to be kept by the Plan, certified to the Plan Administrator, or published under the Employee Retirement Income Security Act of 1974 (as amended), or knowingly conceal facts required by or necessary to verify reports or certified information required by Title I.

Name (please print): \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**ACKNOWLEDGEMENT BEFORE NOTARY**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

On \_\_\_\_\_ before me the undersigned Notary Public in and for the said State personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

Place Notary Stamp/Seal Here

WITNESS my hand and official seal. \_\_\_\_\_

Signature of Notary Public