I.A.M. NATIONAL PENSION FUND
REQUEST FOR RULING ON EMPLOYMENT

This form must be completed in its entirety if you plan to work after you retire.

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
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Last 4-digits SSN______________ Your daytime phone no/Cell Number. ______________________________

<table>
<thead>
<tr>
<th>Last Contributing Employer to the Fund for which you worked</th>
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<tbody>
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</table>

Physical Location __________________________________________

Type of Business __________________________________________

All Covered Job Title(s)/Classification(s) ____________________

Describe your duties in each job: (Please be specific and include the tools or machines with which you worked).

<table>
<thead>
<tr>
<th>Name of most recent Post Retirement Employer</th>
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Employer Address: __________________________________________

Employer’s Phone Number: (_______) ___________________ Ext. ______

Projected / Date of hire: ________________ Hours of work per month: _____

Date of termination (if applicable): ___________________________

Describe Type of Business (if machine shop/manufacturer, etc. describe product produced or repaired):

______________________________

______________________________

Job Title/Classification: ________________________________________

Describe your duties (Please be specific and include the tools or machines with which you work.)

______________________________

______________________________

______________________________

Signature ____________________________ Date ____________________________

Return Form by either
Email at contact@iamnpf.org,
Fax 202-471-2547 or,
mail to IAMNPF 99M Street SE, Suite 600 Washington, DC 20003-3799

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