



## **ADMINISTRATIVE OFFICES**

*HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION*

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[www.azpipe.org](http://www.azpipe.org)

### **Certification of Missing Spouse**

I, \_\_\_\_\_, am a participant in the Arizona Pipe Trades Pension Trust Fund and/or Defined Contribution Plan (the Fund) and I make this statement because I was legally married during some portion of time during which I accrued benefits with the Fund.

My former spouse, \_\_\_\_\_, may have a right to a portion of benefits that I have accrued with the Fund. I certify that I have provided the Fund with all information I have regarding locating my former spouse and that I do not know how to locate or contact my former spouse. I further certify that I have in good faith exhausted all reasonable means to locate my former spouse and despite those efforts have been unable to do so.

In the event my former spouse contacts the Fund and makes any demand for payment of any of my accrued benefits with the Fund, I promise and agree that I will hold the Fund, its Trustees, administrator, attorneys, and agents harmless from any and all liability that may arise therefrom.

The last contact information I have for my former spouse is:

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Name of Former Spouse

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Last Known Address of Former Spouse

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Last Known e-mail of Former Spouse

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Last Known Phone Number of Former Spouse

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Participant Name (Print)

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Participant Signature

Dated: \_\_\_\_\_