

CERTIFICATION OF MARITAL/SINGLE STATUS oh

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name: _____ S.S. #: _____

- Current marital status:
- SINGLE, never married
 - SINGLE, previously married*
 - MARRIED, no previous marriages
 - MARRIED, with previous marriages(s)*
 - WIDOWED

*If you have had previous marriages, please list the names of your ex-spouses, the date(s) of marriage and date(s) of divorce (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

<u>Ex-spouse's Name</u>	<u>Date of Marriage</u>	<u>Date of Divorce/Death</u>

Please provide **complete** copies of ALL, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies. For additional ex-spouses, please use the back of this form.

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. ANY PERSON WHOM SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT COMMITS A CRIMINAL ACT UNDER 18 U.S.C. SECTION 1027 AND ERISA LAW, FORFEITS ANY RIGHT HE OR SHE MAY HAVE TO THE BENEFIT AND, UPON DISCOVERY, BECOMES LIABLE FOR FULL REPAYMENT OF ANY MONEY RECEIVED AS A CONSEQUENCE.

Participant Signature _____

Today's Date _____

Subscribed to and sworn to before me,
This _____ day of _____, 20____

(Signature)
Notary Public, _____ County
State of _____ My Commission Expires on _____

Place Notary Stamp/Seal
Or
Authorized Fund Representatives Signature Here

***Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.

