

**MICHIGAN GLASS AND GLAZING INDUSTRY
DEFINED CONTRIBUTION FUND**

AFFIDAVIT REGARDING EMPLOYMENT FOR SEPARATION BENEFITS

_____, being duly sworn, deposes and says as follows:
(Applicant's printed name)

As of _____, I have performed no work within the work and geographic jurisdiction of the Glaziers, Glassworkers and Architectural Metal Workers Local Union No. 357, AFL-CIO (*irrespective* of whether such tasks are performed for an employer bound to a collective bargaining agreement with the Glaziers, Glassworkers and Architectural Metal Workers Local Union No. 357, AFL-CIO) for at least twenty-four months.

I hereby state and certify, under penalty of perjury, that this statement is true and complete. I hereby acknowledge that any misrepresentation of fact by me constitutes fraud on my part and that I may be liable for full repayment of any benefits distributed on the basis of a false statement by me on this or any other document submitted to the Fund in the process of my application.

Signature

Date

Notice to Notaries: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver 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 signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.

Subscribed and sworn to by _____, known personally to me or
having presented photographic identification on this _____ day of _____, 20____.

Signature _____

Printed Name _____

Notary Public, State of Michigan, County of _____

My Commission expires _____