

**MICHIGAN GLASS and GLAZING INDUSTRY
FRINGE BENEFIT FUNDS**

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

AFFIDAVIT REGARDING EMPLOYMENT FOR RETIREMENT BENEFITS

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

As of _____, I have *permanently ceased* all:

- (a) Employment or self-employment (irrespective of whether the Participant is engaged as an employee or as an independent contractor) in the glazing industry or any related business,
- (b) Employment or self-employment (irrespective of whether the Participant is engaged as an employee or as an independent contractor) performing tasks within the work jurisdiction of the Union, irrespective of whether the employer is party to a collective bargaining agreement, and
- (c) Employment (irrespective of whether the Participant is engaged as an employee or as an independent contractor) with any labor organization or any affiliated entities, including employee benefit funds, committees or related organizations.

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
(Do not sign and date unless you are in the presence of a Notary Public.)

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 _____ My Commission expires _____

Notary Public, State of _____, County of _____

