

**SHEET METAL WORKERS' LOCAL NO. 33 CLEVELAND DISTRICT
PENSION FUND**

CERTIFICATION OF MARITAL/SINGLE STATUS

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: _____ SSN: _____

Current marital status: SINGLE, NEVER MARRIED

SINGLE, PREVIOUSLY MARRIED*

MARRIED, NO PREVIOUS MARRIAGES

MARRIED, WITH PREVIOUS MARRIAGE(S)*

LEGALLY SEPARATED*

Regardless of your marital/single status, please provide a copy of your birth certificate. If you are currently married, please provide a copy of your current marriage certificate and your current spouse's birth certificate.

*For each of your previous marriages, please list the name of your ex-spouse, the date of marriage and the date of divorce or separation (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

Ex-spouse's Name

Date of Marriage

Date of Divorce/Death

Please provide complete copies of ALL marriage certificates, 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 spouse(s) 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.

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 WHO SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT 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

Participant Social Security No.

Today's Date

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

Notary Public, _____ County
State of _____
My Commission expires _____

DO NOT SIGN AND DATE THIS FORM UNLESS YOU ARE IN THE PRESENCE OF A NOTARY.