

Affidavit Verifying Termination of Employment

1. I, _____ [Name], am a Participant in the Roofers Local #2 Supplemental Pension Plan (“Plan”).

2. I am applying for a termination benefit from the Plan.

3. My last date working in Covered Employment was _____ [Date].

4. I have not had any contributions made to my Employer Contribution Account with the Plan during the last three (3) years.

5. I have not performed any work or had any employment anywhere in the roofing trade or as a supervisor of employees in the roofing trade during the last (3) years.

6. I am unable to present copies of my W-2s and Form 1040s for the last three years because _____

_____ [Provide explanation].

7. I understand that if I return to work in Covered Employment or work anywhere else in the roofing trade or as a supervisor of employees in the roofing trade before receiving my termination benefit from the Plan, I am no longer eligible for a termination benefit from the Plan and must notify the Plan of my return to work immediately.

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Under penalty of perjury, I hereby state that the above information is true and accurate to the best of my knowledge, information and belief. I authorize the Plan to verify the information contained in this Affidavit whenever it is deemed necessary. I understand that I am responsible to notify the Plan immediately if any of the above statements are no longer true. I agree to reimburse the Plan for any benefits paid as a result of any false statement made in this affidavit or as a result of my failure to notify the Plan immediately if any of the above statements are no longer true.

I understand that false statements made in this Affidavit may result in criminal charges

Participant's Signature Date

Address

Social Security Number Date of Birth Phone Number

STATE OF MISSOURI)
) SS.
COUNTY OF _____)

On this _____ day of _____, 20__, before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared _____, known to me to be the person who executed this Affidavit Verifying Termination of Employment and acknowledged to me that he/she executed the same for the purposes therein stated, and that the information contained therein was true to the best of his/her knowledge, information and belief.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in County and State aforesaid, the day and year last above written.

NOTARY PUBLIC

My Commission Expires:
