

OHIO CONFERENCE OF OPERATIVE PLASTERERS AND CEMENT MASONS

PH. (330) 779-8869 3660 STUTZ DR, SUITE 101 CANFIELD, OH 44406-8149 Fx. (330) 270-3582

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)*

*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):

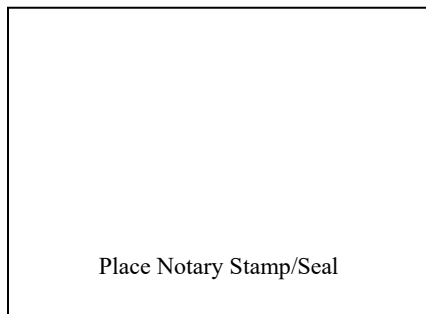
Ex-spouse's Name Date of Marriage Date of Divorce/Death

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 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. If you have previously sent these items, you do not need to resend them.

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.

Your Signature

Today's Date



Place Notary Stamp/Seal

Subscribed to and sworn to before me,

This _____ day of _____, 20_____.

Notary Public Signature _____

County _____

State of _____

My Commission expires _____

OR

Plan Representative _____ Title _____ Date _____

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