

# SHEET METAL WORKERS' LOCAL 7-ZONE 3 BENEFIT FUNDS

P.O. Box 547  
Troy, MI 48099-0547  
(248) 641-4973 (800) 451-5733



## 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. 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                       MARRIED, NO PREVIOUS MARRIAGES  
 SINGLE, PREVIOUSLY MARRIED\*             MARRIED, PREVIOUS MARRIAGE(S)\*

\*If you have had previous marriages, please list the names of your ex-spouses, the dates of marriage and 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):

Previous spouse's Name                      Date of Marriage                      Date of Divorce/Death

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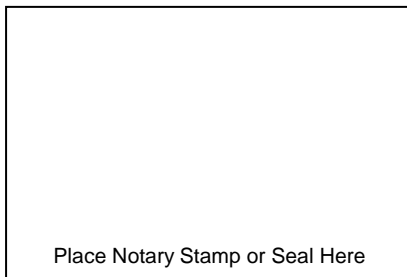
Please provide **complete** copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouse(s) have passed away, please provide a copy 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.

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

\_\_\_\_\_  
Your Social Security No.

\_\_\_\_\_  
Today's Date



Place Notary Stamp or Seal Here

Subscribed to and sworn to before me,  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)

Notary Public, \_\_\_\_\_ County

State of \_\_\_\_\_

My Commission expires \_\_\_\_\_

**\*Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form 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."

