SOUTHERN CALIFORNIA PIPE TRADES DEFINED CONTRIBUTION FUND

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Certification of Termination of Covered Employment and Transition to Non-Covered Employment with an Employer

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Section 1 must be completed by the Participant.
Section 2 must be completed by your Employer.

SECTION 1—PARTICIPANT CERTIFICATION

______________________________ Participant Name

______________________________ Social Security Number (only last 4 digits required)

______________________________ Phone Number and/or Email Address

I understand that, in order to qualify for a distribution due to a transition from Covered Employment (as a bargaining unit member) to non-Covered Employment, I **MUST** meet the following criteria:

1. I am age 59½ or older (only applies to In-Service Distribution);
2. I have not been working in Covered Employment for at least a year, and
3. I have worked in a non-Covered Employment position with a Signatory Employer for at least one year and continue to work in that position.

I certify that I satisfy these requirements, and **I agree to inform the Fund Office immediately if, before my benefit is paid, either condition # 2 or # 3 no longer applies**.

X______________________________ Signature

______________________________ Date

______________________________ Print Name

______________________________ Last 4 digits of SSN

SECTION 2—EMPLOYER CERTIFICATION

This is to certify that the above-identified employee has been employed by my company for at least one year in a position that is not covered by a District Council 16 collective bargaining agreement and that this individual continues to be employed in this position as of this date.

X______________________________ Signature

______________________________ Date

Employer Name: ______________________________