



# Certification of Termination of Employment

Section 1 must be completed by the Participant.  
 Section 2 must be completed by an elected local union officer.

## 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 benefit payment due to termination of employment, I **MUST NOT** have, during the 12 months prior to the payment of my benefit:

1. Been employed or self-employed in any capacity by a participating Employer, or
2. Worked in the plumbing and piping industry, in any capacity, within the geographic jurisdiction of United Association District Council #16.

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

X \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Last 4 digits of SSN

## SECTION 2—LOCAL UNION CERTIFICATION

I have no knowledge to the contrary of the statements on this form that would make the participant ineligible for a withdrawal from the Defined Contribution Fund under the termination of employment clause.

X \_\_\_\_\_  
 Elected Officer of Local Union \_\_\_\_\_  
 Date