CERTIFICATION OF TERMINATION OF EMPLOYMENT

Part 1 must be completed by the Participant.

Part 2 must be completed by an elected local union officer.

PART 1 - PARTICIPANT CERTIFICATION

Participant Name required)	Social Security Number (only last four digits
Phone Number	Email Address
I understand that, to qualify for a benefit payment du the 12 months before the payment of my benefit:	ue to termination of employment, I <u>MUST NOT</u> have, during
Been employed or self-employed in any capa	acity by a participating Employer, or
 Worked in the plumbing and piping industry, Association District Council #16. 	in any capacity, within the geographic jurisdiction of United
I certify that I satisfy these requirements. I agree to benefit is paid, either condition no longer applied	inform the Fund Office immediately if, before my <u>s</u> .
X Sign at tree	Doto
Signature	Date
PART 2 – LOCAL UNION CERTIFICATION	
	e statements on this form that would make the participant tion Fund under the termination of employment clause.