

**IBEW Local No. 32 NECA
Profit Sharing Annuity Plan**

PARTICIPANT'S AFFIDAVIT OF TERMINATION

PARTICIPANT'S NAME		SOCIAL SECURITY NO.		TELEPHONE NO.	
STREET ADDRESS		CITY		STATE	
				ZIP CODE	

The undersigned being duly sworn according to law, deposes and says that:

- I have worked in the jurisdiction of the International Brotherhood of Electrical Workers, Local Union No. 32 (“Union”) under the terms and conditions of a collective bargaining agreement (“Agreement”) between the Union and the Lima Division, Western Ohio Chapter of the National Electrical Contractors Association (“NECA”).
- I have had contributions paid on my behalf to the International Brotherhood of Electrical Workers Local Union No. 32 NECA Profit Sharing Annuity Plan (“Plan”) by an employer that is signatory to the Agreement (“Employer”).
- I acknowledge that I have applied for a distribution of the full value of my Participant Account under the Plan. In support of my application for benefits. I affirm the following:
 - I have been a vested Participant under the Plan for a least twenty-four (24) months
 - I have terminated employment with an Employer for reasons other than retirement or disability.
 - My current employment status is as follows (check the box that applies, and provide requested information if you are currently employed):

I am not currently employed by an Employer. **Date of Termination:** _____

I am currently employed as a _____
Job classification/description

For _____
Name of employer

At _____
Address of employer

- I have not engaged in any work within the trade jurisdiction (including, but not limited to, related supervisory activities), as defined in the current Constitution of the International Brotherhood of Electrical Workers and/or the applicable Agreement within the Union’s geographical jurisdiction for a period of twelve (12) consecutive months prior to the date of my application for benefits.
- I have no right to receive any type of benefit under the Plan other than a vested termination benefit.

Participant’s Signature

Date

Subscribed and sworn before me this _____ day of _____.

Notary Public

County

Notary Public Signature

My Commission Expires

Notary Seal: