

<p>MILLWRIGHTS' LOCAL 1102 SUPPLEMENTAL PENSION FUND</p> <p>VERIFICATION OF MEMBER STATUS</p>

The purpose of this form is to verify that you have not worked in “covered employment” and have not performed any “Millwright” work in the geographic area of Local 1102 during the 23 months prior to receiving your Termination Benefit payment. You must complete this form if you are submitting an Application for Termination Benefits.

Complete this Verification of Member Status, notarize and, mail to:

Millwrights Local 1102 Supplemental Pension Fund 6525 Centurion Dr., Lansing, MI 48917

NAME _____ SSN _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Email Address (optional) _____

Work History – List all Employers in the last twenty three (23) months, starting with your most recent/current employer and provide a job description, if available (attach a separate sheet if necessary):

1. NAME AND ADDRESS OF EMPLOYER: _____

TYPE OF WORK YOU DID: _____ CONSTRUCTION _____ NON-CONSTRUCTION

JOB TITLE: _____

TYPE OF TRADE OR CRAFT INVOLVED (IF ANY): _____

LIST OF ALL DUTIES & RESPONSIBILITIES: _____

LOCATION WHERE WORKED: _____

CITY

STATE

DATE OF HIRE: _____ DATE OF TERMINATION: _____

2. NAME AND ADDRESS OF EMPLOYER: _____

TYPE OF WORK YOU DID: _____ CONSTRUCTION _____ NON-CONSTRUCTION

JOB TITLE: _____

TYPE OF TRADE OR CRAFT INVOLVED (IF ANY): _____

LIST OF ALL DUTIES & RESPONSIBILITIES: _____

SEE OTHER SIDE

LOCATION WHERE WORKED: _____
CITY STATE

DATE OF HIRE: _____ DATE OF TERMINATION: _____

3. NAME AND ADDRESS OF EMPLOYER: _____

TYPE OF WORK YOU DID: _____ CONSTRUCTION _____ NON-CONSTRUCTION

JOB TITLE: _____

TYPE OF TRADE OR CRAFT INVOLVED (IF ANY): _____

LIST OF ALL DUTIES & RESPONSIBILITIES: _____

LOCATION WHERE WORKED: _____
CITY STATE

DATE OF HIRE: _____ DATE OF TERMINATION: _____

I affirm the above is a true statement of my work history. I have not worked in Covered Employment, or in the same Millwright Trade, in the same geographical area, that I worked while under Covered Employment, during the 23-months period preceding the date of my signature set forth on this verification. I understand I may be asked to provide additional information regarding my employment during the 23-month period preceding the date of my signature set forth below.

PLEASE NOTE: This form must be signed in the presence of a Notary Public if it is not signed at the Plan Administrator's Office.

Signature of Participant _____ Date _____

Subscribed and sworn to before me this _____ day of _____, _____

Affix Notary's Seal Here

Notary Public, _____

Acting in County of _____ State of _____

My Commission expires _____