

Affidavit of Eligibility

I, _____, under penalty of perjury, hereby affirms as follows:

- 1. I have read and understand the Annuity Plan distribution rules.
- 2. I have read and understand that in order to be eligible for a distribution, I must qualify under the Plan rules and submit this Affidavit to certify and confirm my eligibility.
- 3. I am eligible for a distribution from the Plan on the basis that:

I am age 62 and have or will be retired as of _____

I am disabled and incapable of continuing to work in Covered Employment as a result of bodily disease (physical or mental impairment)

I have incurred a Break-in-Service for 12 months and am eligible for distribution of benefits based on contributions received for work performed on or before December 31, 2005.

I have incurred a Break-in-Service for 36 months and am eligible for distribution of benefits based on contributions received for work performed on or after January 1, 2006.

I have incurred a Layoff of 9 months and further certify:

I have not worked during the last nine months from the date of this application

I have incurred a qualifying Hardship: _____
(specify qualifying event)

- 4. If the basis of my application is due to a Break-in-Service or Layoff, I further affirm that I have not worked for any employer who is a sponsor of this plan either as a Local 12A or Local 78 worker during the relevant time period.

Initial

- 5. I further affirm that the information contained herein is true, correct and accurate.

Applicant Name (Signature)

Date

Applicant Name (Printed)

Sworn to before me on this ___ day of ___, 20___

Applicant Address

Notary Public (Signature)

Applicant Phone

Notary Stamp: