$\frac{\textbf{SECTION VII} - \textbf{MEMBER'S CERTIFICATION OF RETIREMENT/}{\textbf{MUST BE NOTARIZED}}$

Member's Certification of Retirement

I,	, do hereby certify that I have retired
Print Name of Plan Participant from or terminated employment and that I do not intend to return to employment in: (1) the Industry which Employees covered under the Plan are employed; & (2) a trade or craft covered under the Plan.	
•	
Effective:	· ·
Signature of Plan Participant	Date Signed
Notarization	
State of:	County of:
I,	, a notary in and for the above state and county, do
hereby certify that	whose name is signed to the certification
above, has this date acknowledged the same b	pefore me.
Given under my hand and seal this	day of
20	
My Commission Expires:(SEAL)	Notary Public Signature: