

ALASKA TEAMSTER-EMPLOYER PENSION TRUST

TERMINATION OF EMPLOYMENT CERTIFICATE

TO THE PARTICIPANT: In accordance with the Internal Revenue Code's provisions concerning pension plan qualification, the Alaska Teamster-Employer Pension Plan requires that your employment with your contributing employer(s) terminate before you apply. To ensure compliance with the Plan and the Code, the Alaska Teamster-Employer Pension Trust requires you and your most recent employer(s) to complete the certificates below.

EMPLOYEE CERTIFICATE

TO: ALASKA TEAMSTER-EMPLOYER PENSION TRUST

I certify that: (1) my employment with _____ terminated or will terminate on _____ and that I am not continuing employment with this employer in any capacity, including employment in management or other employment not covered by the Alaska Teamster-Employer Pension Plan or employment with an employer who is within a controlled group or common control group with this employer, (2) I am not employed in employment covered by the Plan with any other contributing employer, and (3) it is not my intent to return to employment with this employer. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

I understand that Section 1027 of Title 18 of the United States Code makes it a crime to knowingly make a false statement in any document required to be kept by or certified to the administrator of an employee pension or welfare plan. I further understand that the punishment for violations of this law can be both a fine up to \$10,000 and imprisonment for as long as five (5) years.

(Print) Employee's Name	Employee's Signature
Employee's Social Security Number	Date Signed

Once you have completed this form, have your Employer complete the reverse side.

EMPLOYER CERTIFICATE

(Print) Employee's Name

The contributing employer named below certifies:

The employment of the above named employee terminated or will terminate on the _____ day of _____, 20____.

The employee is not continuing employment with this employer in *any capacity*, including employment in management or other employment not covered by the Alaska Teamster-Employer Pension Plan or employment with an employer who is within a controlled group or common control group with this employer.

Further, it is not our intent to re-employ the above named employee. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

I understand that Section 1027 of Title 18 of the United States Code makes it a crime to knowingly make a false statement in any document required to be kept by or certified to the administrator of an employee pension or welfare plan. I further understand that the punishment for violations of this law can be both a fine up to \$10,000 and imprisonment for as long as five (5) years.

(Print) Name of Employer

(Print) Name and Title of Person Signing

(_____) _____
Telephone Number

Signature

Date Signed

If you, the Employer, have any questions completing this form, please call **(907) 565-8300** or toll free **(800)478-4450** for assistance.

Thank you for returning this form to:

**Alaska Teamster-Employer Pension Trust
520 E. 34th Ave., Suite 107
Anchorage, AK 99503-4116
Fax 907-565-8338**