

NORTHERN CALIFORNIA CEMENT MASONS PENSION PLAN

SIGNATURE CERTIFICATION

1. Retiree's/beneficiary's name (please print)

2. Retiree's/beneficiary's Social Security number (attach copy of Social Security card if available)

3. Retiree's/beneficiary's address

4. Retiree's/beneficiary's signature

5. Date _____

THIS FORM MUST BE NOTARIZED BELOW

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____ 20_____,
Date Month Year

By _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me (the undersigned Notary Public).

[] Personally known to me

[] proved to me on the basis of satisfactory evidence to be the person whose name subscribed to the within instrument, and acknowledged that _____ executed it. WITNESS my hand and official seal.

Notary Public Signature

AFFIX NOTARY SEAL