PO Box 7063, Pasadena, CA 91109 (866) 400-5200

DECLARATION OF

		(Name)		
	I,(Name)	, declare and	say:	
1.	I am over 18 years o	of age and a resident of th	e County of	
	State of	I have perso	onal knowledge of the follow	ving facts:
2.		ipant in the Operating Engonthly pension payments	gineers Pension Trust ("Trus from the Trust.	t"), and I am
3.			The attached pages, which rmation about my employme	
contain	nder the laws of the Ur ned in the attached pag	ges, is true and correct and	at all of the foregoing, and a d that this declaration is sign	
(Mon	nth)	(City)	(County)	(State)
			Signature of Participa	ant
		_	Printed Name of Partic	ipant

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Exhibit 1

January 20___

1.	Name of my employer:
2.	The business or industry in which my employer's business is engaged:
3.	The address and telephone number of my employer: Street address:
	City:
	State:
	Postal zip code:
	Telephone number:
4.	The name of my immediate supervisor at work:
5.	The title of my job for this employer:
6.	My specific job duties at work:
7.	The total number of hours I worked during the month for this employer:
8	My hourly rate of pay or my monthly salary for the month:

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Exhibit 2

February 20___

1.	Name of my employer:
2.	The business or industry in which my employer's business is engaged:
3.	The address and telephone number of my employer: Street address: City: State:
	Postal zip code: Telephone number:
4.	The name of my immediate supervisor at work:
5.	The title of my job for this employer:
6.	My specific job duties at work:
7.	The total number of hours I worked during the month for this employer:
8.	My hourly rate of pay , or my monthly salary for the month:

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Exhibit 3

March 20__

1.	Name of my employer:
2.	The business or industry in which my employer's business is engaged:
3.	The address and telephone number of my employer: Street address: City:
	State:
	Postal zip code: Telephone number:
4.	The name of my immediate supervisor at work:
5.	The title of my job for this employer:
6.	My specific job duties at work:
7.	The total number of hours I worked during the month for this employer:
8.	My hourly rate of pay, or my monthly salary for the month:

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Exhibit 4

April 20__

1.	Name of my employer:
2.	The business or industry in which my employer's business is engaged:
3.	The address and telephone number of my employer: Street address: City:
	State: Postal zip code: Telephone number:
4.	The name of my immediate supervisor at work:
5.	The title of my job for this employer:
6.	My specific job duties at work:
7.	The total number of hours I worked during the month for this employer:
8.	My hourly rate of pay, or my monthly salary for the month:

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Exhibit 5

May 20___

1.	Name of my employer:
2.	The business or industry in which my employer's business is engaged:
3.	The address and telephone number of my employer: Street address: City:
	State:
	Postal zip code:
	Telephone number:
4.	The name of my immediate supervisor at work:
5.	The title of my job for this employer:
6.	My specific job duties at work:
7.	The total number of hours I worked during the month for this employer:
8.	My hourly rate of pay , or my monthly salary for the month:

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Exhibit 6

June 20___

1.	Name of my employer:
2.	The business or industry in which my employer's business is engaged:
3.	The address and telephone number of my employer: Street address: City:
	State:
	Postal zip code:
	Telephone number:
4.	The name of my immediate supervisor at work:
5.	The title of my job for this employer:
6.	My specific job duties at work:
7.	The total number of hours I worked during the month for this employer:
8.	My hourly rate of pay , or my monthly salary for the month:

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Exhibit 7

July 20___

1.	Name of my employer:
2.	The business or industry in which my employer's business is engaged:
3.	The address and telephone number of my employer: Street address: City:
	State:
	Postal zip code:
	Telephone number:
4.	The name of my immediate supervisor at work:
5.	The title of my job for this employer:
6.	My specific job duties at work:
7.	The total number of hours I worked during the month for this employer:
8.	My hourly rate of pay , or my monthly salary for the month:

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Exhibit 8

August 20__

1.	Name of my employer:
2.	The business or industry in which my employer's business is engaged:
3.	The address and telephone number of my employer: Street address: City:
	State:
	Postal zip code:
	Telephone number:
4.	The name of my immediate supervisor at work:
5.	The title of my job for this employer:
6.	My specific job duties at work:
7.	The total number of hours I worked during the month for this employer:
8.	My hourly rate of pay , or my monthly salary for the month:

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Exhibit 9

September 20__

1.	Name of my employer:
2.	The business or industry in which my employer's business is engaged:
3.	The address and telephone number of my employer: Street address: City: State:
	State: Postal zip code: Telephone number:
4.	The name of my immediate supervisor at work:
5.	The title of my job for this employer:
6.	My specific job duties at work:
7.	The total number of hours I worked during the month for this employer:
8.	My hourly rate of pay, or my monthly salary for the month:

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Exhibit 10

October 20__

1.	Name of my employer:
2.	The business or industry in which my employer's business is engaged:
3.	The address and telephone number of my employer: Street address:
	City:
	State: Postal zip code:
	Telephone number:
4.	The name of my immediate supervisor at work:
5.	The title of my job for this employer:
6.	My specific job duties at work:
7.	The total number of hours I worked during the month for this employer:
8.	My hourly rate of pay, or my monthly salary for the month:

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Exhibit 11

November 20___

1.	Name of my employer:
2.	The business or industry in which my employer's business is engaged:
3.	The address and telephone number of my employer: Street address: City:
	State:
	Postal zip code:
	Telephone number:
4.	The name of my immediate supervisor at work:
5.	The title of my job for this employer:
6.	My specific job duties at work:
7.	The total number of hours I worked during the month for this employer:
8.	My hourly rate of pay , or my monthly salary for the month:

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Exhibit 12

December 20__

1.	Name of my employer:
2.	The business or industry in which my employer's business is engaged:
3.	The address and telephone number of my employer: Street address: City: State:
	State: Postal zip code: Telephone number:
4.	The name of my immediate supervisor at work:
5.	The title of my job for this employer:
6.	My specific job duties at work:
7.	The total number of hours I worked during the month for this employer:
8.	My hourly rate of pay, or my monthly salary for the month: