

PRE-RETIREMENT SPOUSAL REJECTION FORM

PLEASE CHECK EITHER A OR B

A I **DO NOT** wish to receive my pension benefits in the form of a Husband and Wife Pension.

IF YOU HAVE CHECKED BOX A, THEN YOU AND YOUR SPOUSE MUST COMPLETE THE STATEMENTS ON THE REVERSE SIDE OF THIS FORM. PLEASE NOTE BOTH STATEMENTS MUST BE NOTARIZED.

B I understand that my pension will be paid as a Husband and Wife Pension. I understand this form of payment replaces the 60-month guarantee.

NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____

SIGNATURE _____ DATE _____

Please return this form to the Pension Fund Office as soon as possible.

EMPLOYEE'S STATEMENT

I, _____, in the event of my death before my benefits are scheduled to
(Insert Name)
commence; do not wish my spouse to receive a pre-pension benefit in the form of a Husband & Wife Benefit. I understand that by rejecting this form of pension means no benefit will be paid to my spouse by the Pension Plan after my death, unless they are payable under other sections of the Plan.

I hereby swear that the person co-signing this document below is my current and legal spouse.

(Date)

(Employee's Signature)

State of _____)
SS:
County of _____)

On the _____ day of _____ 20____ before me came _____
to me known and known to me to be the person described in and who executed the foregoing statement and (s)he
duly acknowledged to me that (s)he executed same.

Notary Public

SPOUSE'S STATEMENT

I, _____, swear that I am the legal spouse of the employee described above. I
(Insert Name)

hereby consent to my spouse's rejection of the pre-retirement Husband & Wife Pension. I understand that as a result I will not be paid a pension from the Pension Plan after my spouse's death (unless death benefits are payable under another provision of the Plan).

(Date)

(Spouse's Signature)

