For all married Participants who wish to waive rights to the Automatic Joint and Survivor Form of Benefit

Please note: Your signature, as well as your wife's signature must be witnessed by a Pension Fund Representative, or, if you sign it elsewhere, by a Notary Public.

FOR PARTICIPANT:

I, the undersigned Participant in the Building Trades United Pension Trust Fund - Milwaukee & Vicinity Pension Plan, have been fully informed of my right to receive my vested accrued benefits from the Plan in the form of a qualified Automatic Joint and Survivor post-retirement form of benefit which would provide monthly payments to my surviving spouse upon my death. I hereby waive the qualified Automatic Joint and Survivor post-retirement form of benefit, and select the following option:

(You must put an "X" by the option you are selecting.)

Life with Ten Year Certain

Lifetime Only

	Level I	Income		Pop-up Joint and Survivor					
	Lump	Sum		75% Joint and Survivor					
				Non-spouse Survivor					
I understand I may revoke this election prior to my Annuity Starting Date by delivering a written revocation of this election to the Fund Office.									
I understand that my spouse must consent to any waiver of the qualified Automatic Joint and Survivor post-retirement benefits for my waiver to be effective.									
	Ī	Date							
	;	Signature							
	Ī	Print Name		-					
Your signature must be witnessed by a Pension Fund Representative or Notary Public:									
F									
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	Pension	<i>Fund Repl</i> Pension Fu	<i>resen</i> nd Re	ntative or Notary Public:					
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FOR PARTICIPANT'S SPOUSE:

I am the spouse of the afore-named Participant in the Building Trades United Pension Trust Fund - Milwaukee & Vicinity Pension Plan. I understand my spouse has a right to certain benefits under this Plan that may be distributable in the form of a qualified Automatic Joint and Survivor post-retirement form of benefit which would provide for monthly payments to me upon my spouse's death.

BY SIGNING THIS FORM, I CONSENT TO MY SPOUSE'S WAIVER OF THE AUTOMATIC JOINT AND SURVIVOR FORM OF BENEFIT, AND SELECTION OF THE FOLLOWING OPTION:

TOLLOWING OF HON.									
(You	must pu	ut an "X" by	the o	ption you are selecting.)					
	Lifetime	e Only		Life with Ten Year Certain					
	Level I	ncome		Pop-up Joint and Survivor					
	Lump S	Sum		75% Joint and Survivor					
				Non-spouse Survivor					
I acknowledge that the effect of this consent is to give up any and all rights I would have had to receive Automatic Joint and Survivor Benefits from the Plan upon my spouse's death.									
Date									
	Signature								
	F	Print Name							
Your signature must be witnessed by a Pension Fund Representative or Notary Public:									
Pension Fund Representative or Notary rubic. Notarial Acknowledgment									
STATE OF									
COUNTY OF									
I ack	nowled	ge that							
personally came before me on									
(date) and is known to me to be the person who executed the									
above declaration.									
		Pension F	und F	Representative/Notary Public					
		My commi							
		Notary Pu	blic, S	State of:					

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